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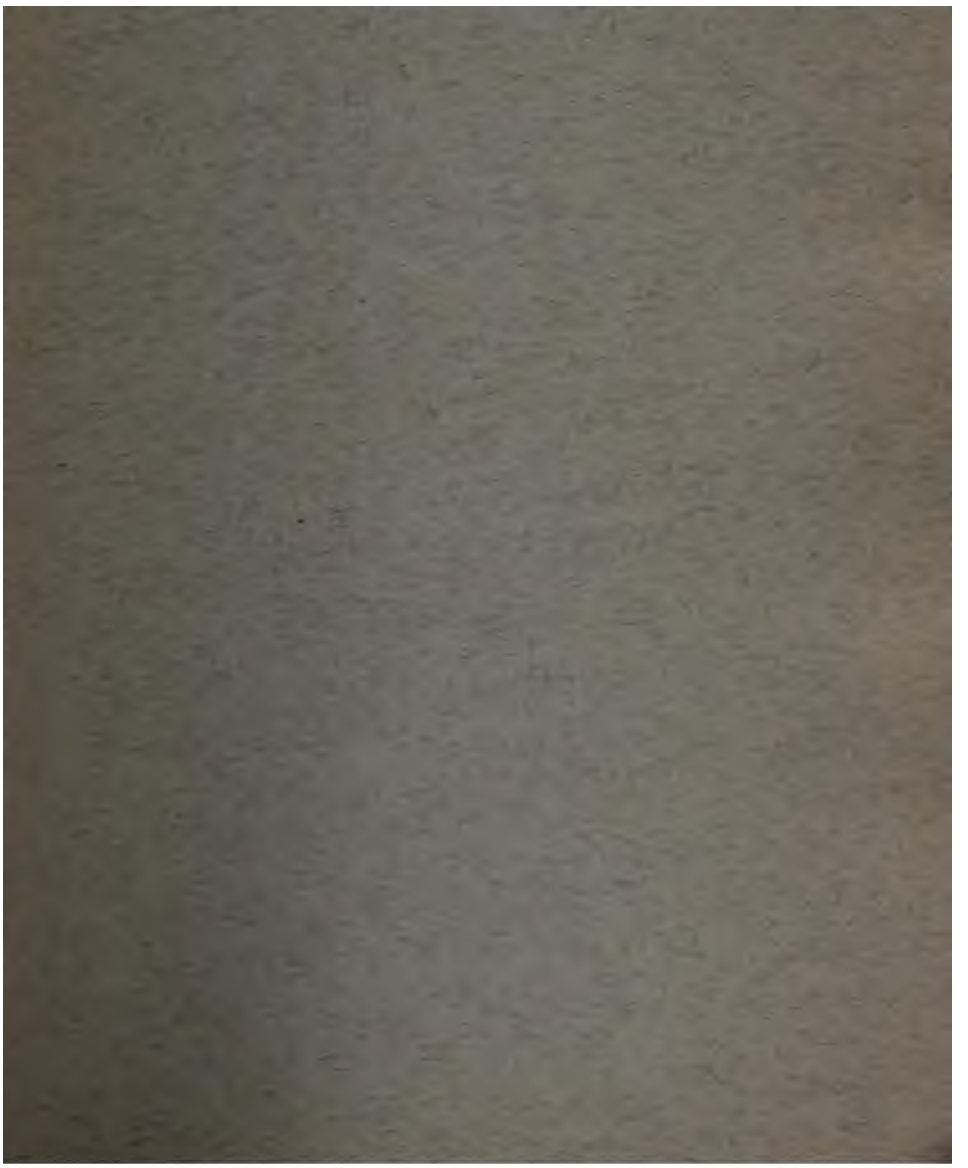

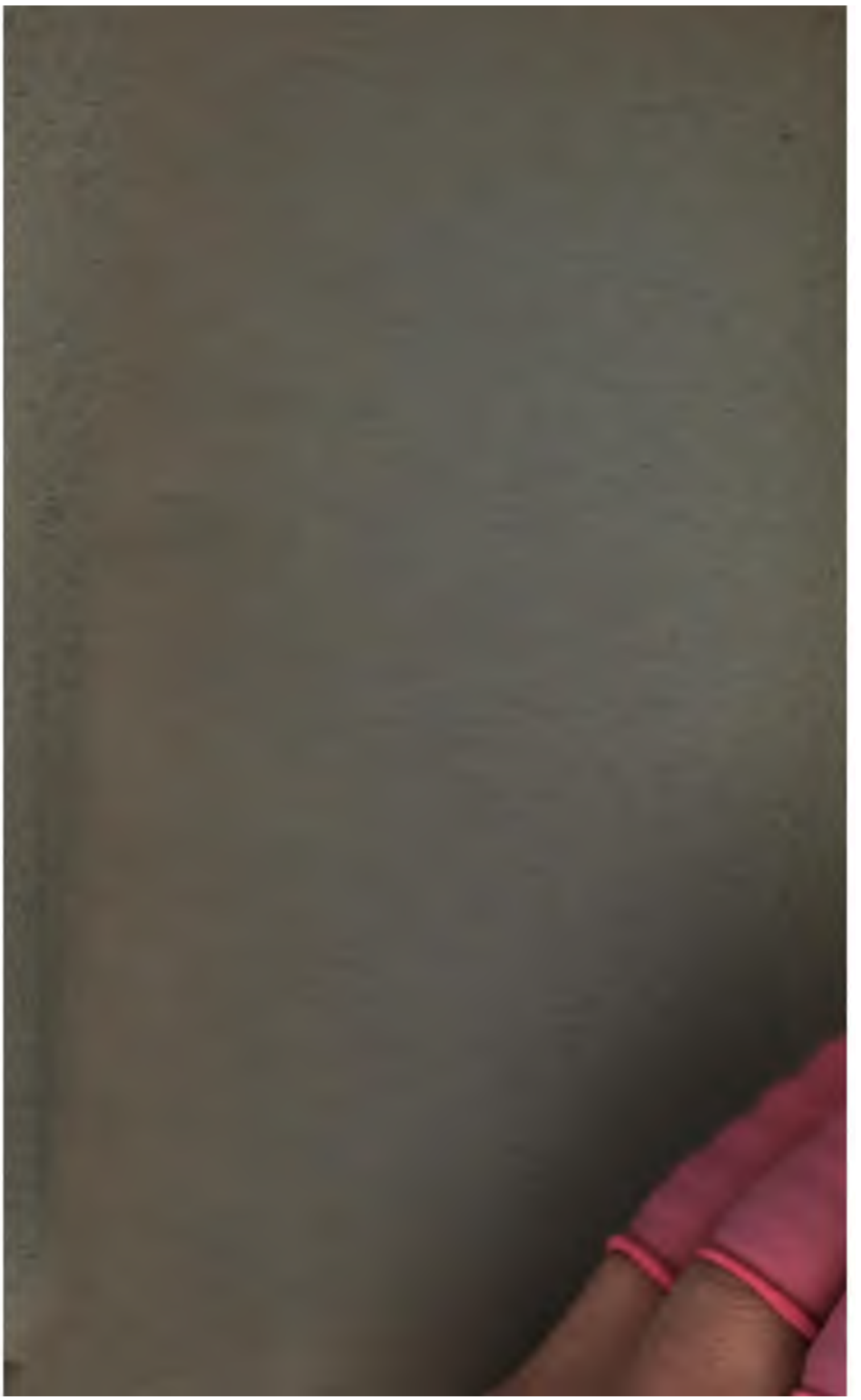

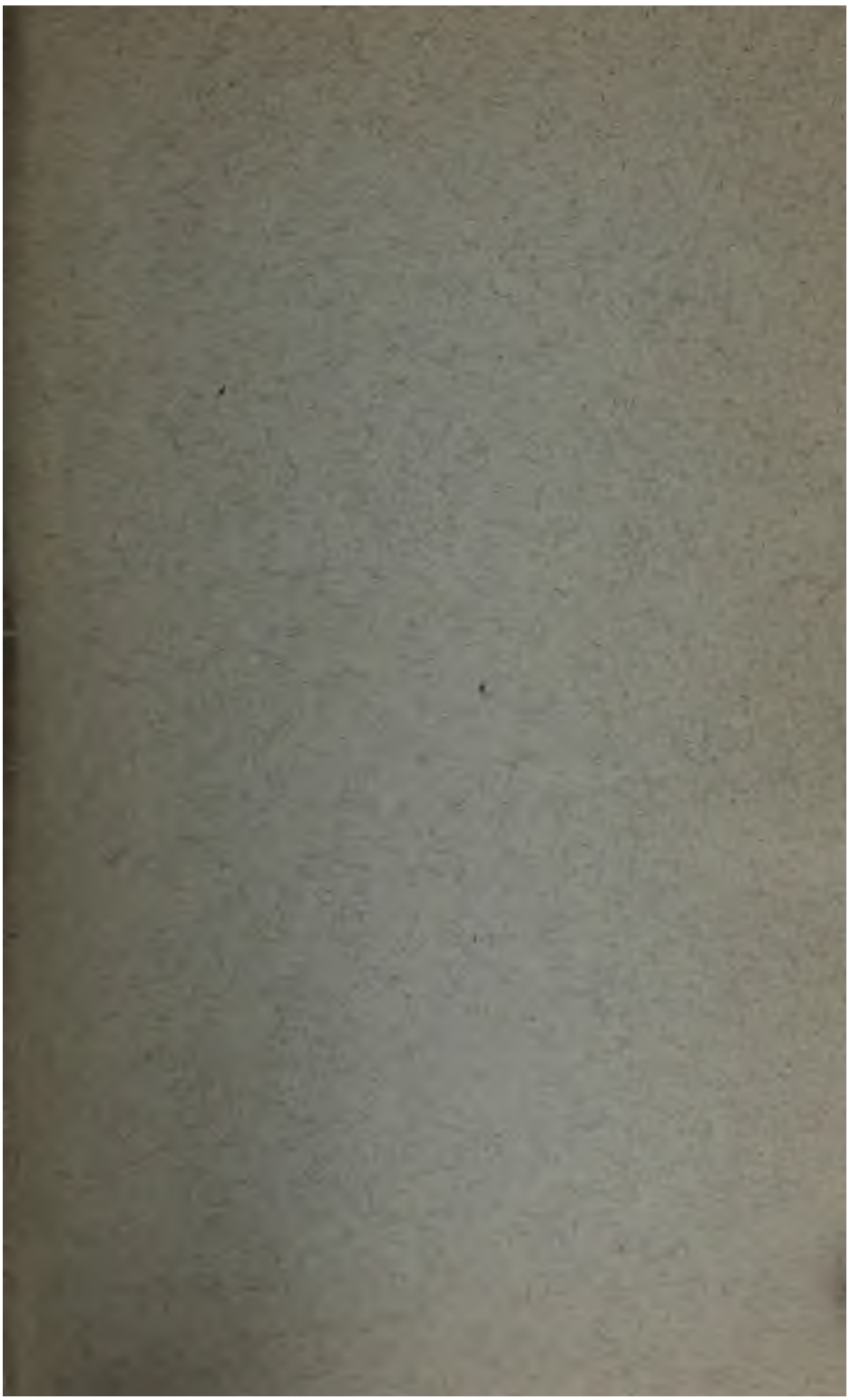

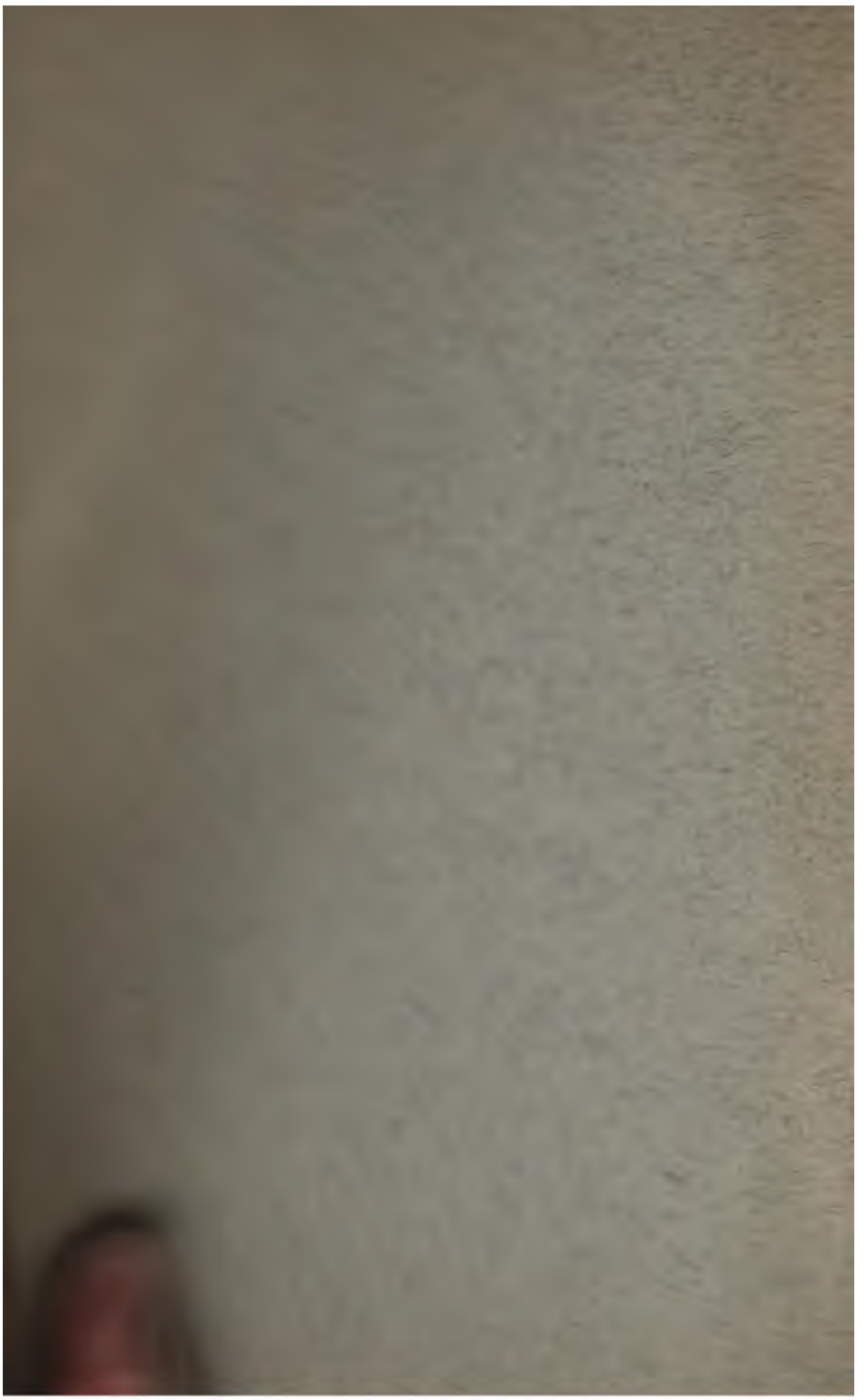

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MEDICAL AND SURGICAL

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Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE.

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CANADA

MEDICAL & SURGICAL JOURNAL

AUGUST, 1879.

Original Communications.

EMBOLISM OF BOTH EXTERNAL ILIAC ARTERIES DURING TYPHOID FEVER—GANGRENE—DEATH.

BY T. G. RODDICK, M.D., Prof. Clinical Surgery, McGill University.

On the 16th June of this year I was called to see N. B., aged 18, a clerk. He had been ailing for some days, and at the time of my visit the thermometer showed a temperature of 102°. He had many of the symptoms of impending fever, and as such I diagnosed it.

For the first fifteen days the case ran the ordinary course of typhoid; no complication of any moment occurring beyond a diarrhœa, which was readily controlled with kino powder. A large dose (twenty grains) of quinine was administered every second day for the first twelve days. The highest temperature (104°) was recorded on the evening of the tenth day of my attendance; pulse 94; very slight tenderness on pressure over right iliac region; sleeps well; takes abundance of milk, and when the bowels will permit, a small quantity of beef-tea. He is cheerful, and makes no complaint.

Early on the morning of the sixteenth day (July 1st) he awoke with a piercing scream, and informed his mother that in a race he had just been running (in a dream, of course), he had injured his left leg in some way. The mother found the limb blanched and cold, and exquisitely tender in places. She

rubbed it energetically, and applied hot water bottles. When I arrived, about three hours after, I found the limb in the condition described. By the most careful examination I failed to find any pulsation in the femoral artery, or any vessel down the thigh, leg or foot. Even above Poupart's ligament for a distance of at least two inches I could feel no artery pulsating. The limb was cold to the middle of the thigh; veins empty; blanching extreme; great pain, very much increased on pressure, chiefly about the apex of Scarpa's space, and in the calf. His features had a pinched appearance, eyes sunken, and altogether the patient gave the idea of one suffering from shock. Temperature 103°; pulse 120, weak and intermitting; tongue and lips dry. A tablespoonful of brandy was ordered to be given at short intervals, the limb to be wrapped in cotton wool and a flannel bandage. I ordered also a draught containing chloral and bromide of potash. In the evening I found him much calmer, having slept a little, and not so haggard in appearance; temperature 103 2-5°; pulse 120, with volume much improved; has had three characteristic stools during the day; very little tenderness over right iliac region, more on the left side; the limb has still a blanched appearance, but is decidedly warmer, and the painful spots of this morning are tender only on pressure; the toes are very tender, and have to be handled with great tenderness; there is no discoloration of the skin in any place. I now examined the heart for the first time, and found it perfectly normal.

July 2nd.—Passed a fair night, but would at times start with sudden pain; temperature 102 1-5°; pulse 116; tongue dry in centre; sordes on teeth; no pulsation in vessels; limb warm to below knee; with the surface thermometers I find a difference of five degrees between the feet, while in the upper third of the thigh there is a difference of barely one degree. Dr. Howard saw the patient in consultation with me to-day, and being naturally very much interested in the case, examined him most carefully. He found no heart lesion, and with the stethoscope placed over the course of the external iliac, failed to find pulsation lower than one inch and a half above Poupart's

ligament. The circulation in the opposite limb was unimpaired. The same treatment is to be continued.

July 3rd.—Condition unchanged.

July 4th.—Passed a very restless night, and towards morning was seized with pain in the opposite limb, which became also cold and blanched, and on examination I am astonished to find absence of pulsation in the femoral and up to about the same point in the course of the external iliac artery as that on the opposite side. He is again very irritable, and the same pinched appearance has returned. The right foot (the last to become affected) is now colder than the left. The latter has, however, a more congested appearance than before. Temperature 104°; pulse 130, and very shabby.

July 5th.—Temperature 101 4-5°; pulse 124, and fuller; passed a fair night, with the assistance of a morphia draught; had four stools in the past twelve hours; condition of circulation unchanged; sensation in left foot decidedly impaired; right foot warmer than left.

As I was obliged to leave the city for a couple of days, my friend Dr. Osler kindly took charge of the case for me, and on my return furnished me with the following report:—

July 6th.—Has passed a restless night, although he is easier to-day; pulse 116; complains of great pain in left leg, chiefly about foot and shin; limb is warm to the ankle; foot is cold; no pulsation to be felt in femoral or posterior tibial; in pressing back the stream in veins of ankle, it returns with great sluggishness. Right leg also a little painful, but foot warm; no pulsation to be felt in femoral or posterior tibial arteries; circulation in ankle veins very feeble.

7th.—Has had a bad night—kept awake by the pain in left foot; four stools; pulse 128; tongue red and dry; fever moderate. Left foot from ankle is cold, and has a somewhat livid, purplish look; on pressure with finger, the blood can be squeezed from capillaries, but returns very slowly. On the instep and inner surface of the foot are several purplish spots,

from which the colour cannot be driven by pressure. No pulsation in arteries of either limb ; right is warm to the toes.

8th.—Restless night again ; foot very painful ; three stools since visit ; temp. 101° ; pulse 112 ; left foot somewhat darker, quite cold, and insensible to the touch as far as middle of ankle ; purple ecchymosis has not extended much. No pulsation in arteries of either limb ; right foot is a little cold ; sensation in it not much impaired.

9th.—Passed a better night, but suffered great pain in left foot at times this forenoon ; pulse 108 ; temperature by the touch somewhat higher than yesterday.

11th.—I find that he has changed very much for the worse ; emaciation extreme ; great restlessness ; fits of screaming ; rapid, irregular, and intermitting pulse ; temp. 103 2-5 ° at noon ; left foot has an irregular gangrenous-looking patch extending along the inner side of dorsum, being about four inches in length by two in breadth ; the toes and foot generally have a very congested look, which is much increased when placed in a dependant position. Right leg and foot warmer ; no discoloration of skin : no pulsation in femorals of either limb. Bowels still inclined to be relaxed and of characteristic typhoid hue.

13th.—Very little change in condition ; the temperature is still high, and the pulse constantly ranges in the neighborhood of 130. The discoloration in the dorsum of left foot is increasing both in depth and superficial area, and blebs are forming in places ; the great toe is now implicated ; complains of a constant feeling of dull pain or weight about the ankle. Right leg still retains a fair amount of heat, and the skin of foot is natural in appearance, with the exception of a distended condition of the veins and sluggish circulation through them. The diarrhœa is less troublesome ; takes an occasional large dose of quinine, and either brandy or champagne very freely.

16th.—Temperature 102 3-5° ; pulse 134 ; diarrhœa rather troublesome ; yesterday had a syncopal attack, which nearly proved fatal ; right leg retains heat and normal appearance ; no pulsation in vessels anywhere in the limb ; left becoming

generally gangrenous, but no attempt at formation of line of demarcation; is much troubled with aphthous ulceration of mouth and tongue; slight epistaxis; cannot sleep without morphia; delirious at times.

20th.—Nothing remarkable to note. Constant delirium, high temperature, and rapid, irregular and intermitting pulse; gangrene slowly extending.

24th.—Has an occasional fit of uncontrollable screaming, which alarms the entire neighborhood; no pulsation to be made out in either limb below the point originally indicated, namely, about two inches above Poupart's ligament; nor can any collateral vessels be discovered; notwithstanding the right leg holds its own fairly as regards color and temperature, although to-day is seen for the first time a bruised-like spot on the instep; both knees are slightly bluish. Left foot quite gangrenous up to the malleoli on either side, and bullæ increasing in size and number, but no attempt at the formation of a line of demarcation. He refuses all food but champagne. There is a constant nausea. He passes urine and fœces in bed. Is incoherent.

28th.—Died this morning, having been unconscious for the past four days. The physical condition has scarcely altered since the last note was taken, with this exception, that the bruised-like mark on the right instep has increased to the size of a half-crown piece, and is unmistakeably gangrenous.

Unfortunately an autopsy was not allowed.

Remarks.—This case will doubtless be recognized as one of more than ordinary interest. In fact, as far as I can learn it is unique of its kind. That the original seizure was produced by a sudden blocking of the left external iliac by an embolus there can be no doubt—the symptoms were most strikingly typical. The difficulties which have to be explained are: the origin of the embolus, and how it came that it was of such large size as to completely occlude a great vessel like the main iliac artery. I regret extremely that an autopsy could not by any persuasion be obtained, to have enabled us to arrive at some definite conclusion on these points. We are therefore left to conjecture.

There was entire absence of any valvular affection. This was confirmed by repeated examinations and by several physicians. The only possible explanation, therefore, which I can offer is, that from some unknown cause a fibrinous clot was formed in the left side of the heart, which, having attained some size, passed into the aorta, and was arrested in the left iliac artery. The subsequent occlusion of the corresponding artery was no doubt due to extension of the clot by constant deposition of fibrine until it extended past the bifurcation and down the right side.

A CASE OF DIPHTHERIA—TRACHEOTOMY—RECOVERY.

BY JAMES DORLAND, M.D. (McGILL), MILWAUKEE, WIS., U.S.

On July 15th, 1879, was called to see George D., aged 6 years. The previous morning he had had a slight chill, followed by severe headache and fever; he now complained of his head and throat. His pulse was 130, eyes suffused, temperature 102° F., tongue heavily coated with a creamy fur, and bowels constipated. Examined the throat, and found the fauces covered with a brownish pellicle, which on the right side extended up on the same side of the soft palate. There was also a small patch on the posterior wall of the pharynx. The patches were almost leathery in appearance. Ordered a saline cathartic, and to be kept in bed. Chlorate of potash and iron every two hours, and a gargle of carbolic acid, one to forty.

July 16th.—Headache better; fever less; pulse 120; bowels moved twice. Exudation on the fauces not so dark. Ordered quinine to be added to the mixture, and gave wine liberally.

July 17th.—He passed a good night, but his mother said he was croupy, but that he was subject to that complaint. Examined his throat, and found that the pellicle had extended downwards, but still thought the croup spurious. Ordered whiskey instead of wine.

18th.—Rested well during the night, and crouped very little. When I visited him, the hoarseness seemed to have almost ceased, so that I felt confirmed in my opinion that it was spurious croup.

19th July.—Was called by telegram in the morning, and learned that he had had a very restless night, and about five o'clock became very much choked up. I arrived at nine and found his breathing labored, respirations quick, pulse 130, lips and finger nails blue. Gave an emetic at once, which operated nicely and gave considerable relief. Telegraphed to Dr. Lann to bring tracheotomy instruments. He arrived at eleven, and agreed with me that an operation was the only chance. I proceeded at once, after the administration of chloroform, to open the trachea. The final incision was made above the thyroid gland. Used a hard rubber canula, with smaller one inside to facilitate cleaning. Very little hæmorrhage. He rallied nicely from the effects of the chloroform, lips and fingers soon assumed a natural hue, and the breathing became quiet and regular. The fauces seemed to be improving so fast that I did not consider any more applications necessary. Put him in a warm room, with a pot of boiling water containing lime and carbolic acid. Ordered brandy in the form of egg-nog, and increased the dose of quinine. Two hours after the operation his pulse was 100. Examined his urine and found it highly albuminous (about 20 per cent by bulk). In the evening a hard plug of mucus got into the tube, and he was almost suffocated before I got there. I took the canula out and cleaned it. Had no difficulty in returning it.

20th July.—Pulse 96; wound covered with a diphtheritic membrane. Increased the amount of stimulants. From this time forward he recovered rapidly without a bad symptom.

25th.—Gave him some animal jelly and small pieces of bread, and began placing the finger over the tube to make him breathe through the natural passages. On removing the tube to cleanse it, some little difficulty is experienced in replacing it.

28th July.—Removed the tube and allowed the wound to close by granulation, which it did in four days, so that no air escaped from the trachea. Eats and sleeps well, and at the end of the week the external wound was healed.

The points of interest to me were—the dark brown color of

the patches which some authors assert is indicative of a severe type, the rapidity with which he recovered, and the slight degree of prostration, for at no time during the course of the disease was he unable to walk across the room.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. OSLER.

V. *Concussion af Brain—Temporary Hemiplegia—General Convulsions—Rapid Recovery.*

(Reported by DR. IMRIE.)

J. O'C., female child, aged 23 months, admitted 31st of May. It had fallen from a balcony (2nd story) on its head, and after having been picked up, was again dropped—from a considerable height it was stated—in an altercation which took place between the mother and the careless attendant. When admitted at 1.30 P.M. it was semi-comatose, and the muscles of the right side of the face were twitching rapidly. On examination a large blood tumour was found in the right occipital region; no fracture could be detected. At 2 P.M., temperature in axilla was 97°. Eye-balls turned to left side, pupils equal, widely dilated. Left arm and leg quite limp; those of right side exercise some resistance to motion. At 2.30 P.M., child began a series of general convulsions, in which the extremities of the left side were most affected; these lasted until 4 P.M., after which she became easier. Put upon potas. bromid. and potas. iodide, and ice to head. Towards evening passed a considerable quantity of urine. Pupils regular, medium sized.

11.30 P.M.—Continues quiet, appears sleeping; moves limbs of both sides when touched, and starts when a loud noise is made, or a bright light brought near. Temperature 101°.

June 1st.—Child is much better, appears quite bright, and has complete control over all parts of the body. Blood tumor fluctuates distinctly. Pupils natural. Temperature 98°.

No further brain symptoms developed, the tumor gradually subsided, and the child was discharged well in a few days.

VI. *Aggravated Stuttering, following fall on the head.*

P. A., æt. 19, a sailor, admitted with bronchitis, May 29th. About a month ago, shortly before his vessel left Glasgow, he fell for a distance of about 10 feet, striking his forehead on a stone. He was unconscious for some time, and had pains in the head for three days, but was not paralysed. Skin of forehead was not broken, and there is now no trace of any wound. The day after the fall, noticed that he could not speak distinctly, and the impediment has persisted ever since; is quite sure that he never stammered previous to the fall.

When he begins to speak, the eyebrows are elevated, the forehead wrinkled, the depressor muscles of the lower jaw and platysma contract strongly, drawing the chin down, and the depressors and levators of the mouth become rigid. During this contortion, which lasts from five to ten seconds, or even longer, the tongue is sometimes suddenly and rapidly protruded. When a sentence is begun, he generally gets through it quickly and without further hesitancy. He can repeat a word or sentence that is told him much more readily than utter one composed by himself. He is shy, and does not like to be "put through" before the students.

VII. *Extreme Irregularity of the Heart.*

(Reported by Mr. E. J. Rogers.)

W. T., æt. 64, tar-roofer by trade, admitted June 17th with great palpitation of the heart.

Patient is a bronzed, healthy-looking man; has led a regular life, never done very hard work, and never had rheumatism. Has a slight arcus senilis. For some years has noticed occasional palpitation when at work, but the attacks were never severe, and passed off on sitting down. Three weeks ago caught a severe cold; cough was constant, but with very little expectoration until after the first week. At this time the heart began

to give trouble by beating very fast at times; had to stop work, but has not been confined to bed. On 13th had an attack of severe hiccup, which persisted on and off for three days; applied at the Hospital Dispensary on 16th and got some medicine, which relieved him, and was advised to enter the ward.

On examination, thorax moderately well formed; no visible pulsation; area of heart's dullness small, being covered by emphysematous lung. On auscultation, action weak and extremely irregular, so much so that it is impossible to follow the rhythm or distinguish the sounds from each other; indeed, the latter are almost inaudible. No murmur detected. Pulse weak, rapid, and remarkably irregular—hardly any two beats following each other with the same rhythm. It was extremely difficult to count, but was somewhat over 100. Lungs present no evidences of disease; percussion-note is clear and full—no *râles*.

Urine clear; no albumen. No nervous symptoms. Cough has disappeared, has had no appetite for some time, and does not care for food. Says he does not notice the palpitation when lying down, but only when up and about. Ordered Tr. Digitalis M. v. every six hours.

21st.—Heart's action much steadier, but still rapid; sounds more distinguishable. Pulse feeble: can hardly be counted.

22nd.—Sounds more distinct; no murmur; action weak, but not so irregular. The effect of the ℥ i of digitalis which he has taken is very marked, and he says that he feels quite well.

24th.—Action much stronger; beats more regular—often three or four follow in succession, and then a sudden rat-tat-tat, representing irregular rapid pulsations, which do not reach the artery at the wrist. Pulse 85. Wants to go out, but advised to remain a few days. Appetite has returned.

27th.—Heart's action has got stronger and steadier, but there is still a little irregularity every 10 or 12 beats. Sounds are louder. No uneasy sensations on exertion. Discharged.

Reviews and Notices of Books.

Diphtheria: Its Nature and Treatment, Varieties and Local Expressions.—By MORELL MACKENZIE, M.D., Lond., Senior Physician to the Hospital for Diseases of the Throat and Chest, Consulting Physician to the North-Eastern Hospital for Children, and Lecturer on Diseases of the Throat at the London Hospital Medical College. Philadelphia: LINDSAY & BLAKISTON, 8vo., pp. 104.

As Dr. Mackenzie very justly remarks, "A malady which under various names, has existed for so many thousand years, which has been so widely diffused, and which has caused such dire havoc, must always be of interest to the Student of Medicine." Although so much has been written lately on this subject in the English Medical papers, yet no monograph on Diphtheria has appeared in that country for the past twenty years. This fact affords a very sufficient *raison d'être* for the present volume. The disease is treated of as usual in systematic treatises under the headings of Etiology, Symptoms, Paralysis, Diagnosis, Pathology, Prognosis and Treatment—and three special chapters are added upon Laryngo-Tracheal Diphtheria, Nasal Diphtheria, and Secondary Diphtheria.

In discussing the Pathology, the writer contents himself with fairly laying before the reader the German views (Oertel, &c.) of the origin in and spread by bacteria, and the English views (Beale, &c.) which are opposed to these. He himself does not express any very decided opinion in this still controverted question. Conciseness is evidently aimed at, and is obtained without the omission of what is essential, by avoidance of discussion upon these often quite theoretic, or at any rate, unproven points. Chapter ix. is on "Laryngo-Tracheal Diphtheria (formerly called Croup)." Dr. Mackenzie, therefore, is one of those who believe in the identity of the two diseases. We know there are equally good men who think otherwise, and perhaps with better reason. This fact makes none the less

valuable this section of the work. It is illustrated by tabulated statistics of the tracheotomy operations during several years at two of the largest Parisian Hospitals for children. The conclusions arrived at are very clearly expressed, short and distinct—just what the practitioner should bear in mind in such cases—"It is at the close of the second stage of croup, when inhalations and emetics have failed, that tracheotomy is called for. Marked recession of the sternum and chest-walls is the indication for its performance." "The cases most favorable for the operation are those in which the symptoms of general infection are slight or absent, and the strength of the patient is unimpaired." This is just what one would naturally expect, but it is certain that not a few exceptions will occur. We have sometimes been much disappointed at the failure of the operation in apparently the most favorable cases—and equally surprised and pleased at having a successful result in those presenting the most unpromising symptoms. We think that any surgeon having much experience in Tracheotomy will confirm this statement. "The operation is not contraindicated even when the apuœa is extreme, and the patient is apparently on the point of suffocation, provided only that the heart's power is still good." One must admit that perhaps a life may very occasionally be thus plucked as a brand from the burning, and that duty commends us to try; but the repeated failures in these desperate cases is very disheartening. This is a useful, practical book from a specialist of great experience and should be extensively read.

Hints in the Obstetric Procedure.—By WILLIAM B. ATKINSON, A.M., M.D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia, Lecturer on Diseases of Children, Jefferson Medical College. Philadelphia: D. G. Brinton, 115 South Seventh Street.

This is a little book which contains short and practical directions concerning the management of a woman before, during, and after labor. These hints seem to us to be full of good common sense, which, after all, is a much better guide than

many of the old traditional rules which generations of nurses successively swear by. The once invariable and mystic "ninth day" rule may often, he thinks, at the judgment of the attendant, be broken through. He recommends grasping the fundus and body of the womb through the abdominal parietes for the removal of the placenta; and justly says, "when the womb does not at once close itself and expel the balance of its contents, there can be no good reason for delay on the part of the medical attendant." Still, many physicians allow an hour or more to elapse before any effort is made to aid in this work. Young men just entering practice want just such hints on a variety of practical points which may escape them in the more voluminous chapters of directions in the obstetric text-books. To all such this handy little volume will prove very useful.

Diseases of the Intestines and Peritoneum.— By John Syer Bristowe, M.D., J. R. Wardell, M.D., J. W. Begbie, M.D., J. O. Habershon, M.D., T. B. Curling, F.R.S., and W. H. Ransom, M.D. New York: William Wood & Co. 8vo. pp. 240.

Another volume of "Wood's library of standard medical authors" which that firm have been issuing by subscription. It will be seen that the articles in this, as in the preceding numbers, are written by the English authors whose names are quite familiarly associated with the subjects of which they treat. Considering that the space occupied by each subdivision is by no means great, it is noteworthy what an amount of ground is still covered. The articles selected cover the ground very fully. Hardly anything of importance can be looked for with reference to the very numerous diseases to which the intestines and peritoneum are liable, but a short account of the most recent views on that subject will here be found. Enteralgia, Enteritis, Obstruction, Ulceration, Affections of the Cœcum, Diarrhœa, Dysentery, Diseases of the Duodenum and of the Rectum, Intestinal Worms, Peritonitis, Tumors, &c., form only a part of the subjects which receive careful attention. This volume makes an excellent addition to the series which,

from its intrinsic goodness and remarkably low price, should commend itself to all.

Physiology: Preliminary Course of Lectures.—By JAMES T. WHITTAKER, M.A., M.D., Prof. of Physiology and Clinical Medicine in the Medical College of Ohio. Pp. 272. Cincinnati: Chancy R. Murray.

The author states in the preface that in the delivery of these lectures he has endeavoured "to put within the reach and comprehension of the first course student the foundation, facts and principles upon which the stately edifice of physiology is built." We congratulate him upon his success, and trust that the work will have a large circulation, as it contains, in very readable form, much matter which does not find a place in ordinary text books. The first chapter, "On the influence of Physiology in practice and upon the practitioner," is very pleasantly written. The second deals with the conservation of force; the succeeding three treat of evolution of life, and contain an excellent exposition of the views of Lamarck and Darwin. The rest of the work is occupied with chapters on protoplasm, bone, muscle, nerve and blood, the histology and physiology of which are given in a most satisfactory manner. The tone and style of the lectures are very good, and the numerous apt quotations and allusions with which the book abounds show that the author has trod the paths of literature as well as science.

The Growth of Children—(A supplementary investigation), with suggestions in regard to methods of research.—By H. P. BOWDITCH, M.D., Professor of Physiology, Harvard Medical School.—(*From the tenth annual report of the State Board of Health, Mass., U.S.,*) *Pamphlet.*

This work has been compiled from the results of nearly 25,000 measurements and weights taken among children attending Boston schools, the author's primary object being to determine whether race or mode of life had the stronger influence on their growth and physical development. Accordingly we find tables, very carefully prepared, shewing the average weight

and height of boys and girls of American parentage from 5 to 18 years of age, and similar tables for those of Irish parentage, the only other nationality in Boston sufficiently distinct and numerous for purposes of comparison. In other tables the effect of mode of life is tested by comparing the children of the non-labouring with the labouring classes, and the children of skilled with those of unskilled labourers. The conclusions to be drawn from his investigations tend to prove that the difference in growth and weight between the children of unskilled labourers and those of parents in easy circumstances is not so strongly marked as might be expected—less than an inch in height, except in the case of boys between 12 and 15, when it is rather more, while the average difference in weight does not amount to more than three or four pounds. In the case of girls the distinction is smaller; indeed, the labouring classes have the advantage from 16 to 17, possibly from the late hours and round of dissipation in which a fashionable American girl is commonly reported to indulge. In England, on the contrary, the offspring of the wealthier classes have a very marked advantage. The effect of race on these Boston boys and girls was more decided, the children of American parents being superior both in height and weight, excepting boys of the non-labouring classes between 10 and 11, and girls of the same class between 9 and 12—a strange departure from the habits of earlier and later life, for which it would be interesting to find a reason.

The latter portion of the pamphlet is devoted to an account of the best methods of anthropometrical research. It is much to be desired that some one would take up this subject, and obtain like observations on the children attending Montreal schools. The contrast in this case could be drawn between French Canadians and children of British descent; or the plan of Dr. Bowditch might be strictly followed—children of English and Scotch parentage taking the place of the American. The result would be of very general interest, since such tables, being hereafter collated with similar work already done in England, would afford information as to the effect of climate on development. As a standard reference for average height and weight at the

growing ages, these Boston tables are valuable to the non-medical reader, while the profession will find the pamphlet suggestive and the statistics worthy of thought.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL—JULY 25TH.

Present: Dr. H. Howard (President), Drs. Perrigo, Hingston, Shepherd, R. P. Howard, Osler, Trenholme, Bell, Roddick, Armstrong, Loverin, Kerry, Kennedy, Wilkins, Finnie, Gardner, Smith, Campbell and Burland.

Drs. Hawes and Ross, of Detroit, were introduced to the members as visitors by Dr. Bell.

Dr. Osler exhibited a specimen of perforating ulcer of the stomach immediately at the pyloric ring. Rupture had taken place during exertion, with a full stomach. The case occurred in the practice of Dr. Finnie, and as it presented many features of clinical interest, Dr. Finnie was requested to make it the subject of a separate communication for the next meeting. Dr. Osler then proceeded to demonstrate by means of specimens and illustrative diagrams the chief points in the medical anatomy of the brain. Dr. Dalton's apparatus for slicing the entire brain was shown. By means of it the whole organ can be divided into 8 or 10 vertical or transverse sections, and the relations of the parts or of a focus of disease very accurately shown.

The interest of the evening centred in preparations of the entire brain made after a process of Giacomini's, of Turin, by means of which the organ retains its form and colour, is firm, can be handled, and looks like a beautiful wax model. The method is briefly as follows: Brain is put into solution of zinc chloride (about 50 p. c.), on second day remove membrane, turn in the fluid two or three times a day. At first it floats in the solution, but gradually sinks. Let it remain until it no

longer sinks (ten or twelve days), then transfer to alcohol of commerce for ten days, after which it is immersed in glycerine of commerce with one per cent. of carbolic acid added. At first it floats, but gradually sinks as the glycerine is absorbed, and can be removed when it gets just level with the liquid. Set aside for several days till the surface is dry, and then cover with gum-elastic varnish.

The specimens exhibited had the convolutions labelled and Ferrier's centres marked out, and the general relations of these parts were discussed. Dr. Osler then explained a diagram illustrative of Flechsig's views on the columns of the cord, and spoke of the connection of various columns with the brain. Our present knowledge had been arrived at by two independent ways,—first, by morbid anatomy, which had long ago shown the course of certain columns of descending generations which follow cerebral lesions; second, by embroyological investigations which have thrown great light on the development of the spinal tracts and their connection with the brain.

In moving a vote of thanks, Dr. R. P. Howard spoke of the value pathological investigations had been, and were likely to be, in the localization of the functions of the brain.

OLIVER C. EDWARDS, M.D.,
Secretary.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

A New Paper Spinal Brace.—Dr. Ap Morgan Vance has recently communicated to the New York County Medical Society a description of a spinal support of paper which he believes to possess advantages over the plaster bandages. "A plaster jacket is put on and allowed to harden, when it is removed and filled with plaster mixed with mortar. When the latter has set the external jacket is taken away, and a perfect cast of the body is thus obtained. Dr. Vance stated that successive layers of brown manilla paper, previously

coated with a mixture of white glue and oxide of zinc, were applied to form the brace, the strips being one and a-half inches in width, and long enough to reach a little more than half-way around the cast. More recently he had employed narrow vertical steel springs in connection with these, which added greatly to the strength of the brace, while, as several additional layers could be dispensed with, it greatly diminished its weight and bulk. A number of hours were required for it to dry, and when this had been accomplished it was cut down and removed, after which numerous perforations were made for the sake of ventilation, and leather strips with vental eyelets were then to be sewed half an inch from the edge in front, and laced with double lacing like a corset. Before being worn the brace should be neatly lined with some appropriate material, which could be removed whenever this was desirable on account of cleanliness. When used for the relief of lateral curvature the brace was supplemented by a band of sheet rubber, six inches square, sewed to the anterior and posterior walls in such a way as to keep up continual pressure upon the convexity of the thorax, and thus assist in straightening the spine. The paper brace weighed from eight to sixteen ounces, could be worn for six months or longer, could be removed and reapplied at will, and could be made and well finished for a little over a dollar." —*British Medical and Surgical Journal*, 3rd July, 1879.

Salicin and Salicylic Acid.—Dr. Maclagan, who originally introduced these remedies to the profession, has written to the "*Lancet*" arguing in favor of the Salicin. He believes that the acid and its soda salt "not unfrequently give rise to considerable and even alarming depression"—that this is never observed from salicin—the worst effects being "a sense of fulness in the head and singing in the ears." Also, that the former will cure cases which have resisted the effects of the latter. Dr. M. does not agree with Senator that salicin is converted into salicylic acid in the blood. He looks upon these drugs as anti-rheumatic *specifically*, not by reason of any *anti-pyretic* action. The conclusion of the article is of

quite sufficient importance to be given entire as embodying the practical result and outcome of Dr. Maclagan's recent observations. "The practical issue with which we have to deal is thus a very narrow one. Given two remedies which cure acute rheumatism with equal certainty and equal speed, but which, independently of their anti-rheumatic effect, exercise different actions on the system, which shall we prefer—that which has a tonic, or that which has a depressing action?—that which gives rise to no unpleasant effects, or that which may cause alarming, possibly fatal, depression? It may, indeed, be said that such large doses are not necessary. My answer is, that to get the full beneficial effects of either salicin or salicylic acid in acute rheumatism, such large doses *are* necessary. By smaller doses—ten or fifteen grains every hour or every two hours—an attack of acute rheumatism may be arrested in two or three days. But let the remedy be given in the larger dose, and the process of the disease may be arrested in half the time. In a malady which tends to involve the heart and entail on the patient the terrible results of an endocarditis, every hour is of consequence. Cut the malady short in one day, and you may ward off cardiac complications which may appear if it lasts for two or three. It takes about an ounce of salicin or of salicylic acid to cure a case of acute rheumatism. The sooner this quantity is got into, or rather is passed through, the system the better. My practice now is to give thirty grains every hour. By the time that an ounce has been thus taken—that is, in sixteen hours—the patient is generally free from pain, and the temperature at or near the normal. I then give thirty grains every two or three hours till another ounce is consumed. After that thirty grains are given three times a day for a week or ten days, to guard against the possibility of relapse. Not unfrequently the patient feels better after two or three powders have been taken, and is practically out of the attack before the ounce is consumed. In such cases the interval between the doses may be widened after six or eight have been taken. Such is the course of events in favourable cases, and almost invariably their course in young subjects who have not pre-

viously suffered, or have done so only once or twice. In older subjects, who have had frequent and long-continued attacks, the acute symptoms may be as speedily allayed, but convalescence is more tardy and more apt to be interrupted. Cases treated by salicin seem to convalesce and pick up more quickly than those treated by salicylic acid or salicylate of soda."—*Lancet, June 21st*, 1879.

Supernumerary Nipples and Mammæ.—The general results of the present investigation may be summarised as follows:—

1. That 65 cases of supernumerary nipple were observed within a period of three years.

2. That of 315 individuals taken indiscriminately and in succession, 7·619 per cent. presented supernumerary nipple.

3. That 9·11 per cent. of 207 men examined in succession presented supernumerary nipple; and 4·807 per cent. of 104 women.

4. That in the great majority of instances the supernumerary nipple was single; that it was without exception situated on the front of the trunk below and within the ordinary nipple; and more frequently on the left side than on the right.

5. That the distance of supernumerary nipple from the ordinary nipple was very various, and that from the measurements of these distances a series of numbers may be obtained which may possibly suggest the unit of distance between the successive pairs of nipples in the original type.

6. That a supernumerary nipple, though frequently well marked, is more frequently small or deficient in one or more of its elements—papilla, areola, follicles or hairs.

7. That in no case was the supernumerary organ physiologically active; but that in a few cases supernumerary glands appeared to be present (in single women).

8. That inheritance was not traced in any instance.

9. That in more than one instance the anterior abdominal wall was the seat of the abnormality.

Strong though the temptation may be to indulge in speculation upon the origin and meaning of supernumerary mammæ and nipples, the writer will adhere to the resolution expressed in the introduction to this paper, and will rest content with the previous statement of facts. Those who are aware of the value of such facts to the science of biology, and those especially who are interested in the doctrine of evolution, will be better able to deal with the results just obtained than the writer, whose work lies in another direction. The whole subject will be found discussed at some length by Professor Leichtenstern in the valuable paper from which the writer has quoted so freely. Mr. Darwin indicates the significance of supernumerary nipples in a single sentence—"On the whole, we may well doubt if additional mammæ would ever have been developed in both sexes of mankind, had not his early progenitors been provided with more than a single pair."—*Dr. Mitchell Bruce, Journal of Anat. & Phy.*, July, 1879.

Treatment of Typhoid Fever.—Dr. Buss, of Basle, in a recent work on the symptoms and treatment of fever, comes to the following conclusions concerning the use of remedies. He places salicylic acid at the head of the list. He prefers this to the cold water treatment, because it increases the abstraction of heat without at the same time causing an increased caloric production. Quinine he ranks in the third place, because, according to his views, diminished heat-production can never have the same effect as increased abstraction. He believes that the ill effects sometimes observed from administration of salicylic acid are due to impurities in the drug. An unusual rule is laid down by him very absolutely—viz., that the administration of salicylate of soda should not extend over more than two days, and that there then should be a complete intermission of at least two or three entire days. If a very decided effect upon the fever is desired, he advises a combination of quinine and salicylic acid, in the following manner: At mid-day grs. 75 to ʒij salicylate of soda is gradually given; towards evening gr. 30 to gr. 40 quinine; and later on, the

mid-day quantity of salicylate of soda is repeated in divided doses. From this he says a most powerful antipyretic effect is produced, without marked increase of the accompanying disturbances.—*Schmidt's Jahrbucher*, p. 182, No. 4.

Physiology of Turkish Bath.—To sum up, it has been shown that a very large quantity of material can be eliminated from the body in a comparatively short time by immersion in hot dry air, and although the greater part of this is water, still solids are present in quantity sufficient to render this a valuable emunctory process.

The temperature of the body and the pulse rate are markedly raised.

The respiration falls at first, but afterwards is less influenced than would be expected *prima facie*.

The urine is increased in density, and deprived of a large portion of its chlorides, while, if anything, an increase in the amount of urea is produced.

The principal effect upon the arterial tension seems to be an increase produced by the greater rapidity of the heart's action combined with the dilated, we may almost say gorged, condition of the capillary circulation.

From these conclusions we may deduce the following practical observations as to the use of the Turkish Bath in medicine :—

Its most important effect is the stimulation of the emunctory action of the skin. By this means we are enabled to wash, as it were, the solid and fluid tissues, and especially the blood and skin, by passing water through them from within out. Hence, in practice, one of the most essential requisites is copious drinking of water during the sweating.

The elevation of the temperature, and more especially of the pulse-rate and blood-pressure, point to the necessity of caution in cases where the circulatory system is diseased.

Excessive long duration of the bath seems to produce more or less depression, as shown by the fall of pulse and temperature after fifty-five minutes. It is probable that the time at which this occurs varies with individual idiosyncrasy. In my case, it

is accompanied by a distinct feeling, which I can only compare to satiety.

The great use of the bath seems to be the power it gives us of producing a free action of the skin in persons of sedentary habit, or suffering from disease interfering with fluid excretion, and by its means I believe considerable elimination of morbid matter may also be brought about. Besides, and along with this, it is an efficient means, if resorted to sufficiently early, of relieving internal congestion, on the same principle and with much greater certainty than the usual diaphoretics; and in rheumatoid affections, not only does it act in this way, but by the relaxation of muscles permits of passive movements, rubbing, &c. (shampooing), exercising a much greater influence than they would independently exert.—*Wm. Jas. Fleming, M.B., Journal of Anat. & Phy.*, July, 1879.

Nerve-Stretching in Neuralgia.—This practice continues to receive support on the part of many surgeons for the relief of cases of inveterate neuralgia.

Professor von Nussbaum (quoted in *London Med. Record*, March, 1879,) relates an otherwise incurable case of intercostal neuralgia which he succeeded in thus curing. He determined that the affected nerves were the terminal abdominal branches of the 8th, 9th and 10th intercostal nerves on each side. For the purpose of stretching these it was decided to expose them by two vertical incisions in the epigastric region, one on each side, and at the distance of a hand's-breadth from the outer margin of each rectus muscle. This was done, and each nerve "taken between the thumb and index finger, and then slowly and forcibly stretched." During the second incision the peritoneum was wounded, and some omentum protruded. The wound was dressed antiseptically, and healed in three weeks. There was entire relief to the previously agonizing pain, and at last accounts the patient remained perfectly well.

Prof. Grainger Stewart reports (*British Medical Journal*, May, 1879) a case of epileptiform neuralgia which had lasted several years and resisted all attempts at relief. Finally he

resorted to nerve-stretching. The first operation was done on the infra-orbital branch, with temporary relief only. At a second operation upon the same part, the nerve was unavoidably cut through. Still violent paroxysms occurred, originating now seemingly altogether from the mental branch. Dr. Stewart therefore determined to have this division also operated upon. This time relief was complete, and five months afterwards there had been no return of pain whatever. There are two points in the operation upon which Dr. S. would lay stress. 1st, That all the branches affected should be stretched, and not merely the one in which the disease is chiefly localised. 2nd, That the nerve being grasped, not merely should traction be made upon the proximal part, but upon the distal also, the lip and cheek being seized and pulled downwards while the nerve is held at the point of emergence. His conclusion is "whatever may be the *modus operandi*, its utility is beyond all question."

Notes on Diarrhœa of Children.—At a meeting of the Dublin Obstetrical Society, held April 5, 1879, Dr. Kennedy spoke upon this subject, and at the end of some interesting remarks he summarized the ideas therein contained in a series of propositions as follows: (1.) That the morbid changes found in fatal cases of diarrhœa in infants and children do not account for the great obstinacy the disease frequently exhibits. (2.) That we are therefore driven to the conclusion that the cause must be constitutional. (3.) That this constitutional state is frequently due to the strumous diathesis, and more rarely to the state known as rickets. (4.) That we must never overlook the epidemic tendency when it exists, which is a something that acts totally independent of the food, water, or milk used. (5.) That the method of feeding infants, both naturally and artificially at the same time, is to be avoided when possible. (6.) That calomel is a medicine which has fallen too much into disuse, and more particularly in what may be called the acute diarrhœa of infants, marked by greenish discharges, and in which the drug has been found to be of signal benefit. (7.) That hippo (ipecac), used a century since for the

same purpose, will be found a very effective remedy in the diarrhœa of the young. (8.) That astringents are of less value than aperients in the treatment of this diarrhœa. (9.) That tonics, such as the pernitrate of iron or oxide of zinc, are often of essential service, and above all a complete change of air.

Dr. McClintock agreed with Dr. Kennedy with reference to the use of astringents. He himself had changed his practice in this respect. In the case of diarrhœa, there often was an accumulation of fæcal matter that should in the first instance be removed. There was a remedy that he had used of late years, when obliged to employ an astringent, and that remedy was oxide of zinc in half-grain doses in a mucilaginous mixture every three or four hours. The most important point in these cases was to regulate the diet and to give the strictest directions to those having charge of the child. He thought that ipecac was a most valuable remedy, and not as often employed as it should be. As to the use of farinaceous food before children are teething, it is to be shunned and avoided.

The president, Dr. E. B. Sinclair, considered all starch foods injurious to the child before the teeth came. It was then a carnivor, and should get nothing but milk. The use of other foods was a fruitful source of disease.

Dr. Kennedy, in replying, said that Dr. Faussett, of Clontarf, had used shell cocoa boiled and given with half water half milk, with good effect, the child fattening on it well. Ipecac (two grains each dose, and one dose every night for a few nights) does not act as an emetic in the majority of cases, nor is it exactly an astringent; it is sometimes found to act as an aperient.—*Boston Med. and Sur. Journal*, 24 July, 1879.

Chrysophanic Acid in Syphilides.—The *Berliner Wochenschrift*, No. 22, 1879, contains an article by Dr. Reamont, in which he claims to have obtained excellent results from chrysophanic acid, not only in psoriasis (as Balmano Squire and others have reported), but also in all the papular forms of the disease. Obstinate cases of psoriasis are, however, so frequent that the agent has been more fully tested

in this than in any other form of syphilitic skin disease. In this report, the writer claims to have cured twelve inveterate cases which had long resisted purely specific treatment.

The mode of employing the agent is as follows: Each evening, before retiring, a general sulphur bath is administered; immediately afterward, the chrysophanic acid ointment is rubbed in quite energetically. On the next morning the ointment is washed off by means of tar or glycerine soap. If the patient be able to remain indoors this treatment is repeated in the morning; if not, only at night. The ointment is used in two strengths, either *one* or *two* parts of chrysophanic acid to *ten* of vaseline. In most cases it is better to first employ the weaker, resorting later to the stronger. If the parts affected be deeply chapped, he sometimes applies, during the day, a small quantity of mercurial ointment, and at night the usual treatment. In most cases the application of the chrysophanic acid ointment is painless. Reamont warns his readers not to permit the rapid disappearance of the cutaneous affection under this treatment to lead them to a discontinuance of an energetic specific course, or relapses will be sure to occur.—*Cincinnati Lancet and Clinic.*

Osteoclasis.—Dr. A. T. Cabot (*Boston Med. & Surg. Jour.*, 14th Aug., '79,) publishes five cases of Osteoclasis for the remedying of deformed limbs. The instrument used was one made as nearly as possible like that of Rizzoli, who invented it for the purpose of fracturing a sound femur on a young girl who had previously accidentally broken the opposite thigh and suffered much shortening of the limb therefrom. It is said to be not unfrequently used by continental surgeons. The cases operated upon were extensive bending and deformity of the lower limb. A simple fracture was produced by the Osteoclast and plaster bandages applied. The results obtained seem to have been very satisfactory. According to the writer, "These cases go far to demonstrate that in a large proportion of deformities long bones can be better straightened by *simple* fracture without the aid of cutting instruments."

Quebracho, a Palliative Remedy in Dyspnœa.—Dr. F. Penzoldt, of Erlangen (*Berl. Klin. Wochenschrift*, No. 19, 1879), narrates some experiments both on man and animals with a new drug, the bark of Aspidosperma quebracho (*Apocynaceæ*), sent from Brazil, where it is reputed to have antipyretic properties. The form of preparation used throughout was a watery solution of an alcoholic extract of the bark, ten parts of the latter being percolated with one hundred of alcohol for several days, and the liquid filtered, evaporated, dissolved in water, again evaporated to dryness, and the residue dissolved in twenty parts of water.

The main results obtained in frogs were complete motor paralysis of central origin, respiratory paralysis, and diminished frequency of the pulse, independent of irritation of the vagus. In rabbits and dogs, motor paralysis and dyspnœa, increasing with the dose administered, were noticed. The dyspnœa in the rabbit, however, appeared to depend on retardation and deepening of the inspirations; while in the dog the inspirations were accelerated. In the latter, also, there was salivation.

Experiments on animals with artificial fever, produced by injecting putrid fluids, showed no decided reduction of the temperature, and hence quebracho is probably not, as was supposed, an antipyretic. It should be added that it is not an antiseptic, but only temporarily retards putrefaction. The results obtained in actual cases of fever in men were also negative, but Dr. Pensoldt thinks that, considering the close chemical relationship between the alkaloid "aspidospermin" which Baeyer has extracted from Quebracho-bark and quinine, the subject requires further working out in this direction.

By the accidental observation of a patient with pleurisy and emphysema, on whom the antifebrile effect of quebracho was being tried, Dr. Pensoldt was led to try the bark in various forms of dyspnœa, depending on emphysema, bronchitis, phthisis, pleurisy, etc., and obtained remarkably good results. A teaspoonful of the above-mentioned solution was given two or three times a day. The most marked objective phenomenon after its exhibition was a reddening of the previously cyanosed

or livid tint of the lips and face. In a case of emphysema where the patient was blessed with a nose the seat of acne hypertrophica, the ordinary violet-blue colour of the organ became fiery red, and excited the surprise of the other patients in the ward. The respirations generally become deeper and less frequent, and the patients expressed themselves subjectively much relieved. The first feeling after taking the drug was one of warmth in the head; many said that they had less desire to cough, and that they found expectoration easier. Occasionally sweating occurred, and in some cases abundant salivation. No bad effects were noticed with the dose mentioned.

Dr. Penzoldt finds that the addition of quebracho solution to blood, in the presence of oxygen, makes it assume a bright red colour, and he is inclined to think that possibly the blood is rendered capable of taking up more oxygen than usual, and carrying it to the tissues. This is, however, merely a provisional hypothesis, and at present there is no satisfactory explanation of the fact that, while moderate doses of the extract alleviate dyspnœa in man, large doses cause dyspnœa in the lower animals.

As yet, quebracho bark is not a commercial product, but the *wood* is imported in large quantities for tanning purposes. The action of an extract of the wood is similar to that of the bark, but weaker. The alkaloid aspidospermin affects the frog, on the whole, just as the extract of the bark does.—*Medical Times & Gazette*, July 12, 1879.

Nitrite of Amyl in Sea-sickness.—Mr. CROCHLEY CLAPHAM, to whom is distinctly due the credit of introducing this remedy to the notice of the profession, again writes reminding us of the fact, and remarking that "with due attention to details he looks upon the drug as curative in at least 90 per cent. of all cases treated." By a reference to his first article on the subject, published in the *Lancet* of Aug. 21st, 1875, it appears that during several trips across the Pacific, Mr. Clapham treated altogether 124 cases. In 121 of these, he tells us, success was evident and complete. The drug

was administered by inhalation, three drops of the nitrite being poured on a handkerchief held close to the nose of the patient, the inhalation being conducted rapidly. A caution is added, to the effect that not more than three drops should be used in the absence of medical advice. In July, 1878, we published an article on the same subject by Dr. J. Rudd Leeson, who was successful in about three-fourths of the cases treated, the remaining fourth complaining of a feeling of sickness, but without vomiting. One or two cases did not improve in any way. Dr. Leeson thinks that three drops for women and five for men is the minimum dose, but that caution is required. Dr. Clapham says it is not a dangerous drug, except of course in cases where the arterial system is more or less rigid from osseous deposits. In August last Mr. Clapham and Dr. R. Leeson each contributed a letter to our columns, in which the former quotes some favourable experiences of Dr. Crichton Browne in crossing to Sweden, and Dr. Leeson gives a very emphatic proof of the comparative harmlessness of that drug, for the particulars of which we must refer our readers to the *Lancet* of Aug. 10th, 1878. On the 3rd inst. Mr. Dingle, surgeon to the Peninsular and Oriental Company's ship Mirzapore, gives a favourable account of the remedy, saying that in one day he administered it in at least a dozen cases, and that in all the effect was markedly successful, though in some instances it was necessary to repeat the dose, which he limited to three drops. But one of Dr. Dingle's patients has written to us, and says that, according to his observation on the occasion referred to, the drug ought to be administered with very great caution *and always under medical supervision.* Later, as our readers will have observed, one or more favourable reports have appeared in these columns. Under such circumstances, and with such an accumulation of evidence, we consider it right, as Mr. Clapham suggests, to draw the attention of those who often "go down to the sea in ships" to the remedy. And we should recommend ship surgeons to take Mr. Clapham's standard—as a rule, to limit the dose to three drops, and not to take it except under medical advice. He also re-

commends that the patients when under treatment, should be in bed, because a good sleep is generally the first result, from which the person awakes wanting to eat. It is usually better to allow one fit of vomiting to occur before the treatment is commenced, "to insure the *bona fide* character of the seizure." Some, however, do not vomit at all, but are very ill, and with these, he considers the nitrite to be equally successful.—*Lancet*, June 7th, 1879.

Hyrtl on the Anatomists and Histologists of the Present Day.—A prominent characteristic of the anatomical spirit of the present age is: that practical anatomy is always retreating more and more in the background, and the microscope is supplanting the scalpel. Old and young work, or toy, with the microscope; and all anatomical investigations to be undertaken with the unaided eye are left with a sort of contempt to the surgeon; and what trash has been brought to light through perishable literature, in the department of histology. Were everything true that is written, we could then rejoice that such an abundant spring had arisen from ground so long barren. But so many discoveries have passed just as they came. They have filled the pages of a journal—have thereby fulfilled their duty and been forgotten. Surgery alone has remained the friend of solid anatomy and dissecting; but even it cannot be regarded as a grateful friend. Surgery, in everything it does, has in view a prospect of success at healing; whilst practical medicine, great in diagnosis and prognosis, has not the same prospect of making brilliant cures, although it ascribes to itself some of the most successful cases of *bona fide* cure.

He who wishes to learn of the numerous and instructive uses to which descriptive and topographical anatomy are applied in all branches of the healing art, outside of the writing of German anatomists of a good school, will find them especially in the works of French surgeons. The physician, whose interest it is in the study of anatomy to appropriate what is the best, will not quarrel with our neighbors on the Rhine over their

advantage in this regard. It is, therefore, with no foolish preference for what is foreign, that I thus address those whose contracted views only allow them to be pleased with that which is native to their own country. It will also be granted that for the treatment of internal diseases in the present state of medical science, the knowledge of the topographical relations of organs in the diagnosis of their diseased conditions and the scientific investigation of symptoms of disease, is more useful than a knowledge of the medical controversies about their histological construction.

It may be that the old and steadfast practical anatomist, in shirt sleeves and leather apron, may not appear as elegant as his younger and microscopically inclined brother, with his kid gloves and cuffs; but the practical anatomist, even if the younger generations be dissatisfied with him, will ever receive the thanks and respect of all physicians to whatever school they may belong.—*Topographische Anatomie, p.* 5. (*Cincinnati Lancet and Clinic.*)

Successful Gastrotomy. — At the recent meeting of the Society of German Surgeons in Berlin, Prof. TRENDELENBERG, of Rostock, showed a boy aged 12, in whom an artificial opening into the stomach had been made on account of stricture of the œsophagus from swallowing sulphuric acid. The case was shown for the purpose of demonstrating the good condition of the lad, and the manner in which he took food. Into the gastric fistula a conical horn cannula was introduced, and this was closed by a common cork. In taking food, the cork was removed, and an India-rubber tube, a finger-breadth in diameter, and long enough to reach the mouth, was introduced into the cannula. The boy took the food into his mouth, and chewed and swallowed it; but, as it could not pass down the œsophagus, it was regurgitated, and was pressed down through the India-rubber tube into the stomach. Dr. Trendelenburg has done gastrotomy in two other cases, for cancer of the œsophagus. One proved fatal in fourteen days; the other in ten weeks.—*British Medical Journal*, June 14th, 1879.

Secretion of Urine.—Quincke finds, contrary to a natural supposition, that while there is a diminished secretion of urine during sleep, the reverse takes place immediately after waking, and that for some time afterwards more urine is secreted than during any other similar period of the twenty-four hours. Quincke is unable to furnish a reason for this peculiar phenomenon. Is it not closely related to the period of taking liquid, the amount taken, and the effect of exercise in dressing after the repose of the night?—*Hosp. Gaz.*

Iodoform as an External Antipyretic.—In an article in the *Deutsche Medicin. Wochenschrift* for June 7th, Dr. COLSFELD, of Bremen, describes a case in which he accidently found that the external application of iodoform was followed by a lowering of temperature. The subject was a phthisical patient, whose temperature had risen to 103.4 deg. Fahr. He complained of troublesome ill-defined pain in the left front of the chest, for the relief of which, other means having failed, iodoform collodion (having a strength of 33.3 per cent.) was applied. The next day the temperature had fallen to 98.6 deg. Fahr., and the pain in the chest had entirely disappeared. The iodoform was then omitted, and the temperature again arose; but it fell when the iodoform collodion was reapplied, the strength now used being ten per cent. The odour being unpleasant, the patient discontinued the application for two days; but the febrile symtoms set in so energetically that he again had recourse to it, with marked relief. Dr. Colsfeld says that he did not observe any ill effects to be producted by the application of the iodoform, but he thinks that the expectoration was reduced in quantity. He does not pretend to say that the application would be useful in reducing the febrile process in the purely pulmonary affections of the lungs, pleura, peritoneum, etc.; but he suggests that it might be tried. The author refers to the observations of Binz, who found that the internal administration of iodoform had the effect of reducing the respiration, pulse, and temperature in a cat.—*British Medical Journal*, June 21st, 1879.

Prize Essay on Diphtheria.—A notice, dated July 1st, has been published in the German medical papers by Professor von Langenbeck, stating that Her Majesty the German Empress and Queen of Prussia has, by autograph letter dated April 15th and addressed to him, been pleased to establish a prize of 2000 *marks* (£100) for the best work on diphtheria; and has named as adjudicators Professors Klebs of Prague, Liebreich of Berlin, von Nageli and Oertel of Munich, Thiersch of Leipzig, and Virchow and Langenbeck of Berlin. The subject is formerly declared to be "The Nature of Diphtheria, and the conclusions to be drawn from a knowledge of this with regard to the Treatment of the Disease." The prize can only be given for an essay in which important new facts are established respecting the essence of the disease (the nature of the infective material), and especially its spread and the means of preventing the same.

The Discussion on the Forceps.—The discussion on the use of the forceps and its alternatives in lingering labour at the Obstetrical Society of London has been a valuable one and will bear fruit. The general tendency on the part of the speakers, more especially on the part of those who have had the largest share of difficult midwifery, was to prefer the use of the forceps to ergot, whenever a choice lay between these two; and the extended use of the forceps as the best means of lessening resort to craniotomy; for example, the application of the long forceps to the head above a contracted brim, instead of perforation of the child's head or turning, as was the practice before the era of the long forceps. Indeed, nothing has ever been brought to light more clearly in any discussion, than has the fact that, in proportion as the long forceps has been improved by lengthening it and by adding the pelvic curve, so has its accompanying use supplanted or eliminated ergot, turning and craniotomy. The result of this has been a constantly diminishing ratio of maternal and of fœtal mortality.

Another interesting point which has been brought out and emphasised in the discussion is the fact that, for the growth

and development of the forceps, the murky atmosphere of the large manufacturing and densely populated towns, such as London, with its four million inhabitants, Manchester, Birmingham, and Dublin, has been more beneficial than the clearer atmosphere of sparsely populated districts, like Scotland. Indeed, it is only where large masses of human beings are crowded together under unfavourable hygienic and other conditions, that a large proportion of difficult labours from pelvic deformity and other causes is found. And so it is that the first long forceps appeared in England, and that to-day, when the long forceps is almost universally used in the large towns of this country and in Dublin, the short double-curved forceps of Simpson is still the most widely used in Scotland.

On the other hand, it seems fairly agreed upon, that the practice recommended by Dr. George Johnston of applying the forceps to the head above the brim before the os is dilated, and sometimes before even the membranes are ruptured, cannot be supported by the mass of obstetricians at large. Most of the speakers, and among them Dr. Graily Hewitt, endorsed the fourth proposition laid down by Dr. Barnes in his masterly address, that "in proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, utility, and safety of the forceps becomes less frequent." Dr. Graily Hewitt admitted that cases in which it is necessary to apply the forceps to the head above the brim do occur, but they are few. As regards Dr. Barnes' first proposition, that "in lingering labour, when the head is in the pelvic cavity, the forceps is better than its alternative," the consensus of opinion was, as might have been expected, almost universal. It was generally agreed that, in such a case, the termination of labour by the application of the forceps was not only a simple and easy operation for the practitioner, but a humane and beneficial procedure for the mother and the child. In other words, the "low operation"—or, as Dr. Barnes more precisely put it, the intrapelvic operation—is now recognised as a safe and justifiable proceeding in all cases of lingering labour. Its chief alternative, ergot, has for some time been dying a natural death; and

it was with considerable satisfaction that we heard Dr. Lombe Atthill state, in the course of the discussion, that its use is abandoned and even prohibited in the Rotunda Hospital. There is nothing that ergot can do that cannot be done more safely and effectively by the forceps. The use of ergot in the arrest of hæmorrhage is of course outside the discussion; no one denies its utility in this respect. The good results attending the substitution of the forceps for ergot are strikingly set forth in the experience of Mr. Alderson. When this gentleman began practice, he never, or at all events hardly ever, used the forceps at all, but he used ergot frequently. During this period, he used to have an enormous number of still-births. Gradually he cultivated the use of the forceps; and, as a natural result, his still-births diminished, until now, when he applies the forceps in all those cases where formerly he would have administered ergot, he has no still-births at all. Similar results to his have been observed in comparing the numbers of the still-births inside lying-in hospitals where the timely use of the forceps is secured, and those outside, where the midwives do not send for assistance, but give ergot.

The discussion has, we believe, given the *coup de grace* to the antiquated idea, prevalent in the days of Dr. Robert Lee, who performed craniotomy in one hundred and eighty-six cases and used the forceps in only fifty-three cases, that the forceps is a dangerous instrument. No instrument in the whole range of medicine has ever saved more lives and more human suffering than the forceps, the invention and perfection of which constitute one of the chief glories of English midwifery.—*British Medical Journal*, July 19th, 1879.

Solvents of Iodoform.—Dr. Vulpius, of Heidelberg, points out that the usual statements regarding the solubility of Iodoform in alcohol and ether are incorrect. He speaks of collodion as one of the most useful solvents. One part of Iodoform, previously shaken up with a little ether, is readily soluble in nine parts of collodion. This will be found a convenient method of applying it in many cases.

Benzoate of Soda in Diphtheria.—Prof. Klebs, of Berlin, recommends this treatment. He prescribes :

R.	Sodæ Benzoat - -	Gr. lxxv
	Syr. Cort. Aurant - -	3iiss
	Aquæ Distil	
	Aquæ menth pip. -	aa 3x

Infants under one year are given a dessert-spoonful every hour. Children from one to three years old, a tablespoonful every hour, the proportion of the Benzoate of Soda being also increased to 3iss or 3ii. Adults should take from 3iv to 3vi in the same solution, the proportion of the solvents and the syrup remaining the same. The diphtheritic membranes are powdered with benzoate of soda in severe cases once in three hours, in lighter cases from two to three times daily.

The arrest of vomiting in pregnancy.—Dr. L. Rosenthal publishes, in the *Berliner Klinische Wochenschrift* of June 30th, a paper on the treatment of vomiting during pregnancy by Dr. Copeman's method. He distinguishes three forms of the affection : 1. Vomiting in the morning during fasting ; this generally sets in early in the period of conception, and may cease when the movements of the fœtus are first perceived ; 2. Vomiting at various periods of the day, especially after meals ; 3. Obstinate vomiting, resisting all medicinal treatment and dietetic regimen. After a review of this subject, with reference to several British and Continental authorities thereon, Dr. Rosenthal says that the perusal of Dr. Copeman's communications in the *British Medical Journal* led him to try the method of dilatation of the os uteri in two cases which have occurred in his practice. The first case was that of a woman aged 34, who had been much troubled with vomiting during her first pregnancy. In her second pregnancy, which followed a few months after the first, she was again attacked with vomiting after nearly every meal. Although not remarkably prostrated, she was much troubled with the frequent vomiting, and sought Dr. Rosenthal's aid. He found the os uteri capable of admitting the tip of the finger. By means of rotatory move-

ments, he introduced his finger as far as the middle of the last phalanx into the cervical canal. After this, there was no more vomiting; and when he wrote, the woman was expecting to be soon confined, and was altogether in a satisfactory condition. The second patient was a primipara aged 30, suffering from obstinate vomiting; she had been pregnant two months. In this case, a second introduction of the finger into the cervical canal was necessary; this arrested the vomiting, which did not return. Dr. Rosenthal says that, in our present ignorance of the causes of obstinate vomiting during pregnancy, he cannot explain the *modus operandi* of Dr. Copeman's method; but he hopes that it will become more generally known.

Case of early womanhood.—Annie D., aged 4 years, was brought to me as an out-patient at the Children's Hospital here, by her mother, who stated that, since the child was two weeks old, she had suffered from a discharge from the genitals, lasting from two to three days, and returning as nearly as possible every month; the character of the discharge being, to use the words of the mother, "exactly the same as from herself, when she was unwell." The child was a fat plethoric little creature, with well developed breasts, as large as are usually found in young women at the age of 16 or 17, after menstruation has become established; at times, according to the mother, they became quite hard and prominent; the nipples were dark, and rather large, over a *centimètre* long, and standing prominently out in the centre of dark areolæ, two *centimètres* in diameter. The external genital organs were well developed, the labia minora being especially prominent. With the greatest ease, I passed my index-finger two inches and a half up the vagina, without causing the child the slighest pain. The cervix uteri was large; and, indeed, the whole organ seemed fully as big as the average virgin uterus at puberty. The front of the abdomen and the back were covered with patches of ephelis. The child was evidently rickety, genu valgum being marked.

The case seemed to me an interesting one, and worth recording; for, excepting the absence of pubic hair, the child was a

perfect little woman. Strangely enough, her precocity was confined alone in a sexual direction; for whilst of her own accord her mother had seen her frequently "offer her breast to the baby," yet mentally she did not exceed the capacity of her age. The presence of the ephelis, or *taches hépatiques*, is undoubtedly rare in infants; and in this case, being most likely connected with the advanced stage of sexual development of the child, they enhance the interest of the case.—DAVID DRUMMOND, Physician to the Children's Hospital, and to the Infirmary, Newcastle-on-Tyne.—*Brit. Med. Jour.*, July 12th, 1879.

Acute Parenchymatous Nephritis of Pregnancy.—Dr. W. L. Richardson (*Gynecological Societies Trans.*, vol. 3,) makes a valuable contribution to our study of the above subject. He shows: (1) It is our duty occasionally to examine the urine of pregnant women who may have committed themselves to our care during their pregnancy, with a view of early detecting, by chemical and microscopical examination, the invasion of an attack of acute parenchymatous nephritis. This should in all cases be done, even although no noticeable symptom suggests the presence of the threatened complication. (2) When such an examination has shown us clearly that this complication exists, the urine of the patient should be daily measured, in order that we may know whether the kidneys are properly performing their functions and are secreting the normal amount of urine. (3) Whenever we find that the amount of urine daily secreted is falling markedly below the normal amount, we should endeavor, by proper treatment, to re-establish the impaired functions of the kidneys; or, failing in this effort, to supplement, if possible, their loss of action by the increased action of other excretory organs. (4) If, despite all our efforts, the amount of urine is very small and constantly lessening, no matter whether at the same time the general symptoms of danger are increasing or not, we should not hesitate at once to induce premature labor, and thus avoid the occurrence of an attack of eclampsia, which is sure to come whenever the daily urinary secretions fall below a certain

amount. If the patient has reached that period of her pregnancy when the child is viable, then the indications of premature labor becomes still more our imperative duty.

Surgical Notes on the Zulu War.—D. Blair Brown, F.R.C.S., etc., in London *Lancet:*

In every instance the wounds when seen by me, on January 26th, were in a sloughy condition. Large masses of purulent matter could be withdrawn with a little pulling by dressing-forceps. The wounds were unmistakably made by ordinary round bullets fired from smooth-bored guns. The ease with which most of the bullets were turned aside from their straight course after penetrating can, I think, be accounted for by the fact that they were fired, for such weapons, at considerable range; and the charges of powder must have been limited, as the enemy individually carry but one bullock's horn transformed into a powder-flask; this is usually all they have. Their fire is described to be very poor, blazing away and only occasionally hitting. It is with the assegai, however, they can do their deadliest work; but this necessitates very close quarters, what is scarcely likely to occur again. The assegais—a lance-shaped piece of steel or iron, upon a comparatively thin but well-balanced round stick as handle—are of two kinds; the "throwing" assegais are longer and broader in the blade than the "stabbing" kind. The handles of both also differ; that of the first kind is exceeding well-balanced, to allow of its flight through the air, which it traverses like an arrow, the broad blade acting the part the feathers do in the other, only at opposite ends of the instrument. The Zulus hold them in their right hand, their fingers clenched round the handle not far from the blade, and bending their forearm at right angles to their arms, with a backward and forward movement they direct with a sudden jerk the instrument upward into the air, where it is seen coursing like an arrow, and descending in a similar manner. At thirty yards many of them are very accurate in hitting their object. The "stabbing" assegai has a short and stouter handle, has a much smaller and narrower blade, and is

attached to the handle by a continuation of the blade in the form of a steel shaft for about half a foot, and there securely fastened. In stabbing they keep the edge very low, making numerous cuts, stabs, and dashes therewith as they approach; suddenly raising the point they make a direct stab, and, without withdrawing, a rip. It appears to be a thoroughly methodical operation, requiring considerable skill to acquire. It is an error often made to think that, on nearing an enemy, they all at a certain signal bend the handles of their long assegais upon their knees, and break them short. I am told this does not take place except when they have no "stabbing" and all "throwing" instruments with them—a circumstance which rarely occurs, as they always keep close to one of the latter as their chief defense.

The wounds, therefore, received from these different proceedings must also differ in character. My late *confrère* and friend, Surgeon-major Shepherd, was killed by a thrown assegai just as he was starting from the side of a wounded Natal Carabineer whom he was examining. Trooper Muirhead, of the Carabineers, who was with him at the time, informs me that he saw it coming, bent his head down upon his horse's neck, and escaped it. Shepherd was close to him, and received it in his back. He at once fell from his horse with a loud exclamation, and was surrounded by Zulus and finished. The depth a thrown assegai will penetrate is great. In stabbing, the abdomen appears to be the target they aim at, if possible. Assegai wounds of the extremities I have met with none—except the case already recorded—of any interest, no important vessel having been injured. One officer of the Contingent received one through the calf of his leg, "pinning him to his saddle." This healed at once, and he hopped about all the time. I simply kept a bandage upon it.

If we have to retreat rapidly, then a wounded man means a dead one, as the enemy converts the one into the other at once. Assegai wounds of regions not immediately fatal generally require but the simplest treatment.

Without medicines, lint, bandages, or any of the usual

equipment at Helpmakaar, I had to make use of what I could find. A considerable amount of well-tarred tow was found in a box where some wine bottles were packed. This I used as a dressing for all the wounds, and no case did badly. Water or watery lotions were not used, except the former to wash the skin in the neighborhood of the injuries. A few fibers of the tow were used as drains in the wounds, and appeared to serve the purpose as well as any thing else.

Identification of the Prince Imperial.— The circumstances of the Prince Imperial's death have revived a question which has been somewhat neglected by lawyers and physicians—viz., the importance of the teeth as a means of identification of deceased persons. The late Prince Imperial had been so much disfigured, that identification would have been extremely difficult but that the Prince had had four small cavities in the first molar teeth filed with gold by Dr. Rottenstein of Paris, and had met with a slight accident, in April 1876, from a blow on the front teeth, which had made it necessary to file the teeth a little, in order to smooth the enamel. These constituted signs which are unalterable, even by ages; and, as careful dentists keep usually a record of such operations, they afford a means of identification which is unerring, and which, as in the present instance, was of great value, and might, under certain circumstances, be of the highest importance.

Treatment of Cholera-Infantum.— Dr. Charles H. Avery, of New York, writes that he has adopted the following treatment in cholera-infantum with very great success: He first directs that a poultice be made as follows, and applied over the stomach: Take of pounded cloves, cinnamon, and ginger, each, one teaspoonful, add a small quantity of flour, and then moisten the whole with brandy. Spread the mixture on and cover with thin flannel, and so fasten it that it will be kept in position Occasionally moisten the poultice with brandy, which can be done without removing it.

One teaspoonful of the following mixture is then ordered every two hours for children over three months old.

℞.	Acid carbol. - - - - -	gr. xxiv.
	Spts. vini - - - - -	gtt. xxiv.
	Aq. menth pip - - - - -	℥ iss.
	Mucil. acac - - - -	℥ vi.
	Syr. papaver - - - - -	℥ vi.
	Tr. opii - - - - -	gtt. x. M.

As a rule the vomiting ceases before the hour arrives for the administration of the third dose; frequently before the second dose is given.

The passages from the bowels are not arrested by the medicine, but within twenty-four or forty-eight hours they begin to change in character, soon diminish in frequency, and afterwards cease altogether. The diet of the child is restricted to barley-water and milk. If it is a nursing child, barley-water is administered before it is allowed to take the breast.

If the vomiting is severe, the child is *not allowed to take anything*, except the medicine, for three hours.

If there is marked evidence of acidity of the digestive tract, teaspoonful doses of the following mixture are given every ten or fifteen minutes for two or three hours :

℞.	Mistura Cretæ - - - - -	℥ ij
	Syr. rhei. - - - - -	℥ i. M.

To this he sometimes adds fifteen grains of hydrarg. cum creta.

As a substitute for the above antacid mixture, he sometimes gives ten grains of subnitrate of bismuth, and five grains of pepsin three times a day.

The leading features of the plan which he recommends are : the spice poultice, the barley-water and milk diet, and the medicines according to the first prescription.

For Boils.—

℞	Sulphide of Calcium -	gr. i
	Sugar of Milk - - -	gr. x

Divide into ten powders, take one every three hours.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1879.

CHANGE OF EDITOR.

We have already taken occasion to announce to our subscribers by circular that Dr. Fenwick has resigned the editorial management of this Journal. We are quite sure that all will regret that one who has devoted so many years to the advancement of the best interests of the profession by his influence and by his pen, has now felt himself obliged, by multiplicity of engagements, to give up the personal superintendence of the CANADA MEDICAL AND SURGICAL JOURNAL with which his name is so intimately associated. The present Editors hope to continue the publication with satisfaction to their friends and subscribers. They are in a position to promise several papers of considerable interest, and on very important subjects, from writers whose names are well known in Canada. It will be their endeavor to make the selections from home and foreign journals in every department as complete as possible a repertory of the very latest observations, discoveries, methods of treatment, &c. To the special branch of Clinical Reports particular attention will be devoted, believing that a real mirror of Hospital practice will give an idea of the most advanced conditions of the science and art of medicine and surgery amongst us. We trust that our friends, of whom we are happy to count many in all parts of the country, will assist us in sustaining the CANADA MEDICAL AND SURGICAL JOURNAL by sending us occasionally a report of cases occurring in their practice, or some of their thoughts on subjects in which they may be interested.

CANADA MEDICAL ASSOCIATION.

The annual meeting, as already announced, will take place at London, Ont., on the 10th and 11th of September. We trust that the postponement of the meeting from the day originally fixed will not prevent many members from attending. There is no doubt that these meetings do good to all who partake in the proceedings. It shows each one what others are doing in Canada in the various fields of Medical and Surgical science, and thus he can both learn something and also find out where he has been behindhand in acquiring the knowledge of the day. One principal feature of the Association hitherto has been to receive reports from committees named at previous meetings, in Medicine and Surgery. This idea has been taken from the old British Medical Society, which at its annual meetings has an address in each section treating of the advance and progress of that department during the preceding year. The materials for these addresses are drawn from the medical news of the world. With us, these resumés are generally speaking short and imperfect. In fact, the same thing has already been very much better presented to us in the pages of the medical journals which publish such annual retrospects. Of late years the plan has been followed of confining the report entirely to a sketch of all the cases and papers bearing on the Department which have appeared in the Canadian medical papers during the preceding year. Although this plan has had its advantages, yet it is at best but a bare recital of a great deal that is already familiar to many of the listeners. It has been suggested that the time of the Association might be more profitably occupied by a discussion of some previously announced topic. This is a practice followed by the British Medical Association, and it is found that there these discussions are often of a most animated character, are participated in by many of the leading members, and often produce very important results. Of course, much would depend upon the men to whom should be committed the duty of introducing the subject for general discussion. Provided care is taken in the selection of the ablest men we

have, who are willing to take charge of the introductory speech or paper, no doubt a profitable and interesting discussion might be carried on. The subject would be announced from one meeting to another, so that all might have ample opportunity for making themselves fully acquainted with the cognate literature, and also for observing with the greater care cases coming under their notice which might have a bearing upon the questions likely to be raised. We believe that this idea is favorably entertained by many active members of the society, and we commend it to the attention of the president and other officers.

CANADA MEDICAL ASSOCIATION — POSTPONEMENT.— The meeting of the Canada Medical Association is postponed from the first to the second Wednesday in September. Arrangements will be made with the different railroad and steamboat companies for the usual reduction in the fare of members, certificates for which can be obtained from the local secretaries Drs. L. Allison, St. John, N.B.; Lawson, Halifax, N.S.; Burgess, London, Ont.; and Osler, Montreal; and from the General Secretary, A. H. David, M.D., Montreal.

We have been furnished by the General Secretary with the following list of papers to be read at the London meeting 10th and 11th September, received up to the present time. No doubt others will follow:—

1. On Alcohol, by Dr. Bucke.
2. Entropion and how to cure it, by Dr. Alt.
3. Placenta Prævia, by Dr. Workman.
4. Remarks on Uterine Fibroids, by Dr. Roseburgh.
5. Dermoid Cyst of Ovary, by Dr. Grant.
6. Demonstration on the Medical Anatomy of the Brain, by Dr. Osler.
7. Pilocarpin in Iritis, by Dr. Buller.

EMBOLISM IN TYPHOID.—We publish amongst our original articles the clinical history of a very singular case of embolism followed by gangrene occurring during an attack of Typhoid Fever. Rare as these cases are, it will be followed in a short time by a second one, of which we have the report, presenting many similar features, but terminating in recovery.

THE MEDICAL REGISTER OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC (according to the new Act, sanctioned 28th December, 1876.) Levy & Bouchard, printers, Quebec.

We propose to make a few criticisms upon the appearance and contents of this "long-looked-for, come-at-last" Register. In the first place, there is no reason why such a document should not be issued from the press in creditable form. Canadian printing, even in the cities, has not yet reached a high state of development, but the present production looks as if it had been turned out from a third-rate job press of a country town. The cover is of a gaudy color, and deciduous on the second or third opening; the paper is of inferior quality, and the type no better. Turning to the contents, there is even greater cause for complaint. A Register is worthless unless moderately accurate. This one teems with errors on almost every page, and displays an unpardonable carelessness in its compilation. Of course, in a work of this kind there is great difficulty in getting the names correctly, but it must be remembered that this is the Register under the Act of 1876, and as over two years have elapsed since the present officials came into office, there has been ample time for securing accuracy.

To give a few examples of mistakes: Achinson, John H., for Hutchinson. Dr. A. A. Browne has only an arts degree—no medical degree or license. Several names are twice repeated; in one case, on the same page, a well known physician of Sherbrooke has his name extended to an unrecognizable degree. A young Montreal doctor, with no intention of moving, has been *located* at *Shawenegen!* Even the President's name has suffered mutilation. Among the qualifications, the letters *M.D.L.*, McGill, occur in several places; Faculty of *Ply. Cob.* Glasgow; Licentiate Society Apothecary County London, and others too numerous to mention.

A novel feature is a column for the ages. This would be excellent were there any guarantee for the accuracy of the figures, but we notice, in one instance (and, curiously enough, that happens to be the only one in which we can speak with the

certainty of personal knowledge), that an individual is published as stricken in years who has not yet completed his third lustrum. The list is in alphabetical order of a certain kind; *i.e.*, all names beginning with a certain letter are grouped together, but a more careful sorting has not been deemed necessary.

The Register is very incomplete; we looked in vain for the names of several physicians. There should be some means taken to compel registration. No pains have been taken to indicate whether a man is living or dead, and the names of one or two prominent members of the profession who have died within the past two years are returned without the customary asterisk.

We should like to find something for commendation, but it is difficult to do so; perhaps it is not too much to say this Register is better than none. We hope that a new edition will be published shortly, and supervised by some one conversant with the names and qualifications of the practitioners of the Province.

Medical Items.

The *Perineosinuexereeinator* is, in short, the name of a new instrument invented by J. Robinson, Surgeon to the Hospital for Ruptured Vesicles, Member of the Anteversion Society, the Round-Ligament Club, &c. It is claimed to be a modification of the Brown-Jones-Smith probe. No surgeon should be without it!

"A Son of Anak."—The *Maryland Medical Journal* reports the birth (dead) of an infant said to be the largest upon record. Weight, 23¾ lbs.; height, 30 inches; and breast measurement, 24 inches. The father is 7 ft. 7 inches in height; the mother stands 7 ft. 9 inches.

Cause of Yellow Fever.—We have been shown a long letter in a Florida paper on the origin of yellow fever by a Dr. John Westcott. The theory upon which his remarks are founded is as follows: "That mal-adjustment of the organization is caused by electrical environment operating by induction

upon the molecules of the human system. That fevers should be graded—measured by the intensity of the environment instead of the present local means." Yellow fever is clearly doomed to early annihilation, since its cause is so lucidly expounded by Dr. W.

The *Lancet* says: "Extract of red cinchona bark has lately been much extolled as a remedy in cases of drunkenness, and the fact of its efficacy seems well authenticated." Anything really reliable in these untractable subjects would be a great boon. It might be well to try this drug for the cure of these unfortunately only too numerous cases.

ALEXIS ST. MARTIN.—Alexis St. Martin, famous in physiological works for the experiments of Dr. Beaumont, is still alive, and at present a resident of St. Thomas, Joliette county, Province of Quebec, Canada, and is seventy-eight years old. The wound in his stomach has never closed, and at present the opening in his side is nearly an inch in diameter. His general health appears not to have been in any way affected by the curious wound in his side, but has always been excellent. For his age he is now quite strong and hearty. He has been the father of twenty or more children, of whom four are now living. He has always been a hard worker, and never suffered from lack of digestion.

LITHOTRITY.—Sir Henry Thompson reports (*Brit. Medical Journal*, 2nd Aug., 1879) twelve cases in which he has recently removed the entire stone at a single sitting. All cases of less than 80 or 90 grains weight are excluded from the list. Most of the sittings occupied from six to twelve minutes. A thirteenth case is also added, in which, in two sittings of 25 minutes and 13 minutes respectively, he removed a calculus weighing in all 521 grains, or nearly one ounce and one drachm. They all made good recoveries. Sir Henry says: "I have no hesitation in stating that we owe to Professor Bigelow the assurance that so much manipulation is tolerated by the bladder in the process of removing the stone, provided we take it away entirely, or nearly so."

CANADA

MEDICAL & SURGICAL JOURNAL

SEPTEMBER, 1879.

Original Communications.

AN ADDRESS UPON MEDICAL EVIDENCE BEFORE THE LAW COURTS.

(Read before the New Brunswick Medical Society)

By WILLIAM BAYARD, M.D., President of the Society, etc.

Gentlemen,—I have selected for discussion this evening the subject of "Medical Evidence before the Law Courts," not with the view of bringing forward anything new, but for the purpose of directing your attention to a subject, the importance of which, I cannot help believing, is not recognized by all of us with the weight that attaches to it.

I need only to remind you that the responsibility assumed by a medical man when he enters the witness box for the purpose of recording his testimony is great indeed, inasmuch as the guilt or innocence of the accused too often rests upon his evidence, and upon his deportment in that box will he be judged for better or for worse.

The position is often a trying one. Barristers are intrusted with almost unlimited powers of interrogation,—they may insist upon answers to the most painful questioning. There are no *medical secrets* in a court of law; a medical witness must answer every question that is relevant to the case, and its relevancy is a matter to be decided by the presiding judge. But no man is bound to answer any question that would in any way criminate himself.

All barristers are not gentlemen, and oftentimes the privilege allowed them is abused by irrelevant questions being put in an impudent and insulting manner, justifying the severe reprimand given to a learned sergeant by Chief Justice Earle, who said: "The freedom of question allowed to the Bar was a public nuisance, and the barrister who made such an imputation ought to be prosecuted. If a question had relation to the truth, he was most anxious that it should be put, but to cast haphazard imputations at the suggestion of a person who might have no scruples as to what he did, was a degree of mischief that made him wish that a party should be prosecuted. He begged leave to say that in his experience he had seen counsel so abuse their privilege that he had cordially wished a power could be instituted that they might be prosecuted for a misdemeanor."

But, gentlemen, while we justly condemn such conduct in the barrister, may we not ask ourselves the question, does not the medical witness sometimes call forth such questioning by the character of his answers? Does he always go upon the stand possessing a thorough knowledge of the subject upon which he is to be examined? Is his judgment never warped by prejudice for or against one side or the other, or in favour of some hastily formed theory? I fear truth compels us to acknowledge that such exhibitions are occasionally observed in the witness box, that tend to degrade our profession in the eyes of the Court. For, believe me, the profession as a body are more or less judged by the short-comings of the individual member.

The variety of subjects upon which a medical jurist may be questioned would naturally make most men timid, unless they had previously given the subject that consideration I urge. While it is not expected that he should be so profoundly versed in all the principles of medicine and medical jurisprudence as to be able to solve every medical difficulty that may occur during the trial of a civil or criminal case, he is supposed to possess an average knowledge of his profession and of the duties and responsibilities of a medical witness. Of course the more profound his knowledge, and the more he has made himself

master of his profession, the better will he appear in the witness box.

Medical men are often found ranged on opposite sides, called for the purpose of contradicting each other—a degrading position, and one that should be avoided when possible. The attorney calls upon him, reports the case from his own standpoint; the medical man forms and gives a hurried opinion, based perhaps on partial information,—it suits the ideas or interest of the attorney, who books him as a witness; and when on the stand he finds himself led by subtle questioning to make unguarded statements, which, upon mature reflection and further information, he would wish unsaid. Another medical man is called, who, having made himself master of the subject, in the interest of truth and justice finds himself in the unpleasant position of being compelled to expose errors of opinion. Hence doctors get the credit of differing where no difference of opinion should exist.

The motto of the general practitioner "semper paratus" applies with force to this branch of his profession, for whether he resides in the town or country he cannot escape the risk of being suddenly called upon to give evidence. He may argue that a little time will be afforded him to look over his books; but let me assure him that a hurried glance at them, unless he has previously made medical jurisprudence his study, will not protect him from embarrassment when in the witness box. The accuracy of his statements may and probably will be tested by the strictest cross-examination. Let us suppose him summoned to attend a person labouring under the effects of poison. At the time he has no suspicion of the cause of the symptoms; as the case progresses, suspicion is aroused of poison having been given with criminal intent. In spite of treatment death ensues. Here the functions of the medical man end and those of the medical witness begin. He cannot now avoid giving evidence, or shift the responsibility on another; the law will insist upon his appearance at the coroner's court, and at the subsequent trial.

Therefore knowing that he must attend as a medical witness, he cannot be too particular in his observation of every thing

that can in any way throw light upon the subject. Circumstances of no interest in a medical or surgical point of view are often of the greatest importance in legal medicine. To enable him to meet questions that must arise during the progress of the examination, his observation must not be confined to the recognition and treatment of the case; it should take a wider range and embrace all the surrounding facts and incidences, which may, in the aid of his memory, be reduced to writing; but to make his notes or memoranda admissible in court, they should be taken on the spot and at the time the observations are made, and with accuracy, as they will be subject to the scrutiny of the bar.

Before any suspicious circumstances have come to light the witness may have been summoned to a person dying from the effects of a wound or poison, who may make a "dying declaration" of the circumstances. This declaration should be taken in writing, on the spot, at the time, and in the exact words made use of by the person. It has been thought necessary to prove that the person making the declaration had lost all hope of recovery, but under the difficulty of forming an opinion as to when the feeling of hope completely deserts a man, it is considered sufficient for all purposes, the man being dangerously ill, if he expresses his belief that he is dying. Such declarations are only admissible as evidence in cases of homicide, not in civil cases.

Now, gentlemen, having directed your attention to some of the points connected with the duties and responsibilities of a medical witness, the questions may be asked when, and under what circumstances is he compelled to give evidence? When may he refuse his testimony?—having given it, is he entitled to remuneration? and how should he deport himself when in the witness box?

Every individual of ordinary understanding is bound, when called upon, to testify before a court of law, to what he sees and what he hears.

A privilege has been claimed by medical men, that they should not divulge statements made to them in confidence by

patients. This is recognized in the States of New York and Missouri, where it has been enacted that "no person authorized to practice physic or surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." But under the English law this privilege is not acknowledged. A witness would render himself liable to imprisonment for contempt should he persistently refuse to divulge such information. It is not required of him, and he would be wrong in doing so, to voluntarily communicate professional secrets in court, and it would be highly improper for him to do so to counsel before the trial.

The propriety of the English decision may be questioned, inasmuch as the patient, knowing that his confidential statements may be retailed in court, might withhold information necessary for the proper treatment of his disease.

This question of privilege has presented itself in another form. A medical man may be in attendance upon a patient, and from the nature of the symptoms, and the absence of any natural cause for the illness, he suspects that poison is being administered,—should he remain silent? or make his suspicions known? While undoubtedly his first and paramount duty is to protect his patient, he should be very careful not to make so grave a charge upon loose suspicions. Before he acts, he should, without delay, have his suspicions confirmed by the most careful chemical tests on the food and drinks, and on the urine and other excreta of the patient. I may here observe that all tests should be made in the presence of a witness. Having discovered the existence of poison in them, he should, as Dr. Christison advises, communicate his conviction to the patient, or place the matter in the hands of a magistrate.

The law requires that a preliminary examination in the form of an inquest shall be held upon the body of persons dying from the effects of any criminal act. We will suppose a medical practitioner to have been in attendance upon such person. It is the duty of the coroner to issue a summons requiring his evidence

at the inquest, and for disobedience of this summons, without sufficient cause, he will be subject to a penalty of "twenty dollars." If no medical man shall have been in attendance upon the deceased, the coroner may issue his summons to any legally-qualified practitioner at or near the place where the death happened, and for his attendance and evidence he is entitled to the sum of "four dollars"; and if he performs a *post-mortem* examination, an additional fee of four dollars is allowed. He also is allowed 5 cents per mile for his travelling expenses—not much over the cost of his weight in potatoes per rail. With such fees, such work, and for assuming such responsibility, the wonder is that educated medical men can be found who would not rather pay the penalty than perform the duty. And as a rule, medical men, who value their time and their opinions, do not perform the work, justifying the remarks of Mr. Rumsey, who, in his essays on State medicine, says that "it is no discredit to a practitioner engaged in the toilsome routine of ordinary medical duties if he should feel himself at a loss when called upon for a decisive opinion in some obscure case of poisoning or infanticide. His scanty opportunities for the study of these subjects and for making *post-mortem* examinations cannot suffice to qualify him for answering the delicate and important questions which he must answer before a jury can find a proper verdict. The custom of indiscriminately summoning medical practitioners of all sorts, and of all degrees of pathological knowledge and forensic skill, has sadly depreciated the value of medical evidence in courts of justice. Public confidence in the profession has been shaken, and the appearance of a doctor in the witness-box is but too often a signal for sport among gentlemen of the long robe."

Medical men too often give an opinion as to the cause of death without an inspection of the body. Such an opinion, given, as it must be, on insufficient data, is conjectural, and of little value.

It is the duty of the coroner to record all testimony taken before him, to bind the witnesses under recognizance to appear when called upon, and to transmit the evidence to the court.

Bearing this fact in mind, and the fact that he may, and probably will be, required to repeat his statement before a magistrate, then before the grand jury, and finally before the assizes, he cannot be too particular in making them, for any discrepancy would injure their value and damage his character as a witness.

A physician, before entering the witness-box, should clearly understand in what capacity he is called. For he may appear before the courts in a two-fold capacity,—as an *ordinary witness* to state facts within his own knowledge, or as a *skilled witness* to interpret facts, though both capacities are occasionally so blended that it is difficult to draw the line between them.

He should also bear in mind that he has no proper concern in the issue of the trial,—that while he may be called by the plaintiff or defendant, he is in no wise the witness of either side, but the adviser of the court.

A medical man in the capacity of an *ordinary* witness stands in the same position as all other persons. He is called for the purpose of testifying to facts which must have come to him through his own personal observation. But it is quite different when he appears as a *skilled* witness or *expert*. The character and value of his testimony is hereby entirely changed. He is expected to explain the relations of cause and effect in certain facts before the court, which relations require professional explanation in order that due weight may be given to the facts out of which they arise. The truth of the facts are not for his consideration. It is therefore indispensably necessary that he should possess the greatest amount of proficiency in those matters about which he is called to testify.

When giving his opinion, it is the duty of the expert to state the data upon which it is formed; by so doing he places the court and jury in a position to judge whether all the facts placed before him have been taken into consideration.

The next question for consideration is, *If a subpœna is served on an ordinary or skilled medical witness, is he bound to obey it?* The rule in relation to *ordinary* witnesses is that a subpœna duly served is a peremptory command from the sovereign authority to attend before a Court and cannot be

disobeyed with impunity. But inasmuch as an expert is not an ordinary witness, does he stand on the same footing? Lord Campbell is reported to have said that "A scientific witness was not bound to attend upon being served with a subpœna, and that he ought not to be subpœnaed." This dictum has been disputed, and I think properly so, as it ignores the fact that the subpœna is a command not to be construed by the expert. It is an order for a personal attendance at court, and must be obeyed if possible.

But, as Professor Ordronax observes, "Once put upon the stand as a *skilled* witness, his obligation to the public now ceases, and he stands in the position of any professional man consulted in relation to a subject upon which his opinion is sought. It is evident that the skill and professional experience of a man are so far his individual capital and property, that he cannot be compelled to bestow it gratuitously upon any party. Neither the public, any more than a private person, have a right to extort services from him in the line of his profession, without adequate compensation. On the witness stand, precisely as in his office, his opinions may be given or withheld at pleasure, for a skilled witness cannot be compelled to give an opinion, nor committed for contempt if he refuses to do so.

The expert should make his claim for compensation, *after* having been sworn, but *before* the opening of the examination *in chief;* it will not avail if delayed until the cross-examination.

In connection with this subject, Maule, J., said: "There is a distinction between the case of a man who sees a fact and is called to prove it in a court of justice, and that of a man who is selected by a party to give his opinion, on a matter with which he is peculiarly conversant from the nature and employment of his life. The former is bound as a matter of public duty, to speak to a fact which happened to have fallen within his knowledge—without such testimony the course of justice must be stopped. The latter is under no such obligation. There is no such necessity for his evidence, and the party who selects him must pay him."

The same rule applies to *personal services* demanded from

an expert, who may decline to make a post-mortem examination or chemical analysis, when summoned to do so by the coroner.

The last question for our consideration this evening, is the deportment of a medical man in the witness box.

His demeanor should be that of an educated gentleman, understanding his subject, and the responsible position in which he is placed, ever bearing in mind the fact, that, like a faithful microscope, he is there to enlarge the field of vision of others, and to enlighten the minds of the court and jury upon points requiring this special knowledge, and having no concern whatever in the issue, his brain is being consulted, not his heart.

To convince those who listen to him that he is master of his subject, he must make his opinion *clear* and give *satisfactory reasons* for this opinion. Dr. Elwell's remarks upon this point are worthy of observation, he says,—"Take almost any one of the important scientific questions upon which a professional witness is called to pass an opinion, and unless he has *looked at the subject before with a purpose to understand it*, comprehending its extent, weight and relations, he will find it to have suddenly assumed an importance he had not suspected, just at the time when the discovery will add to his confusion. It is better to make this discovery in the quiet stillness and security of solitude, than under the eye of a judge and the severe scrutiny of counsel. A man whether learned or not—whether in court or out of court—will talk clearly upon a subject he well understands, whether it is scientific or otherwise, but *unless it is clear in his own mind his account of it will be confused and unsatisfactory*."

A barrister, in his zeal for his clients, makes use of all fair means, and sometimes means not quite fair, to destroy the value of testimony that may be adverse to his allegation or theory; consequently the medical witness may expect to have his professional qualifications, his experience, his means of knowledge, the accuracy of his judgment, the time during which he has been in practice, or the grounds of his opinion, closely investigated. He should be on his guard and never

allow himself to be irritated by such questioning. Better meet any attempt to involve him in contradiction with good humour, and disarm his questioner by shewing that he understands the responsibility of his position,—that his opinion is not given without due consideration, and that his only object is to tell the truth regardless of consequences.

I need not say that straightforward answers should invariably be given to all questions. His replies should be made audibly, concisely, without hesitation, and with as *few technicalities as possible*, for counsel, as a rule, are unacquainted with medical terms, and often misapply them. He should avoid being drawn into an argument with counsel, for argument is not evidence; he is there to state facts and draw inferences from them.

Categorical replies are often insisted upon by counsel to questions that cannot be properly answered in the affirmative or negative. If, from the mode in which the question is framed, the witness should feel that the simple answer, "yes" or "no," would not convey his meaning, or might mislead the court, he should appeal to the judge to allow him to explain his views more correctly.

Counsel during the examination of a medical witness often refer to the writings of professional men. The authority and passage being quoted, the witness may be asked whether he agrees or differs with the opinion of the author. Before giving his answer, he should examine the book and see that the passage is correctly quoted. While he cannot read from professional books in court, he may refer to them.

A medical witness cannot express opinions upon the opinions of others, nor upon the merits of the case, nor upon facts that are controverted. He may express an opinion upon an hypothetical statement of facts.

Now, gentlemen, I must conclude this paper, acknowledging its many imperfections, and ask you to accept it "for better or for worse." If I have succeeded in enlisting your interest in this important subject, I shall feel that I have done some good.

St. John, N.B., Aug. 23, 1879.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Chronic Synovitis.—Abscess of Thigh in communication with Joint.—Under DR. FENWICK.

(Reported by Mr. G. T. Ross.)

On the 14th May, 1879, there was admitted on the Surgical side of the Montreal General Hospital, R. H. M., a lad seventeen years of age, below the average height, and ill-nourished. His right knee, leg and foot were swollen and red, and over his great toe and upper part of shin some superficial sores existed. The history of patient's family points to tubercular disease; his own speaks of exposure and harsh treatment on the part of his master, in proof of which he carries numerous scars, chiefly about his head. Had the great toe of right foot frozen about six years ago; since that time, during each cold season, he has had a weak ulcer on its upper surface, (where one of those now present exists) and often others further up the same member. These sores healed when the weather moderated.

History of Case, May 14th.—Four weeks ago, patient states, his right knee, leg and foot became swollen and flushed, with no known injury or unusual exposure as a cause. A few days later the sores on his shin and great toe appeared. His knee had increased rapidly in size, and about ten days since a small opening was formed just to inner side of the tuberosity of tibia, from which a clear, thin fluid has since flowed freely on pressure of the affected joint. Patient has had no pain in the knee, but has continued to use it, though lately it has become somewhat stiff; the joint is slightly tender on pressure, and measures two inches more in girth than its fellow. There is marked œdema of whole leg and foot; limb is held in a semiflexed position. Patient has a dirty, sallow skin, hair falling out, appetite good, digestion fair, circulatory and respiratory systems in a healthy

condition, urine pale, fair in quantity, normal spec. gravity, acid reaction, free from albumen and sugar.

May 20th.—The sores on shin and foot nearly healed. The fistulous opening at inner side of knee discharges freely; fluid clear. Patient has been upon the iodide of iron, with nourishing food. Limb extended, a weight of seven pounds being attached to foot.

May 26th.—The swelling in leg and foot diminished. Knee remains enlarged, red and œdematous, and has become somewhat more tender upon pressure; the opening at its inner side still discharges; character of fluid unchanged. Patient's general condition improved; he is cheerful, has a good appetite, and feels well. Temperature usually normal, but sometimes goes up to 101°.

May 28th.—Knee diminished in circumference nearly two inches; middle part of thigh has become enlarged and painful, a fluctuating bulging existing at its outer side. This was incised by Dr. Fenwick, and discharged ten to eleven ounces of a sanio-purulent fluid, mixed with a large quantity of apparently altered synovia, which flowed freely upon compressing the knee. This fluid is yellowish, of the consistency of treacle, and deposits albumen freely on boiling. Patient continues to get the iodide of iron; linseed poultices to be applied to thigh. Temperature 100° F. last evening; 98° F. this morning.

June 3rd.—Abscess in thigh discharges freely; opening at knee closed; joint diminishing slowly in size; extension continued.

June 15th.—A small amount of fluid escapes from thigh. The patient's appearance improving. Temperature normal.

July 1st.—The knee has reached the size of that opposite, the opening in thigh discharging a very small amount of thin pus; fair motion has returned to joint without pain.

July 15th.—Incision in thigh closed; extension removed, and a plaster casing put about the limb, which had the knee joint first covered with Scott's dressing.

July 28th.—Patient discharged wearing plaster stocking, and his general condition very greatly improved.

Medical Cases under Dr. Ross.

Gonorrhœal Rheumatism—Affection of Jaw and Costal Joints.

J. M., æt. 20, admitted 4th December, 1878, complaining of rheumatic pains and swelling in the joints. Three months ago patient contracted gonorrhœa. There has been very considerable discharge, but the inflammatory stage was slight—very little heat and smarting at any time. He has never had the disease before, nor any other venereal affection. Never had rheumatism. Four weeks after, he was suddenly seized with violent pain in the left knee, which, the following morning, was swollen and hot. Four days later the right knee became similarly affected. The excessive pain gradually diminished in proportion as the joints became swollen. There was considerable fever at first, but this soon subsided; he was also relieved of pain to such an extent that he got up and around for some days. With exercise, however, this returned as badly as ever, and is now as great as at first. Both knees are much swollen, the left rather more than the right. They are also quite tender; there is no redness, and hardly any perceptible heat of surface. These are the only large joints which are affected, but several smaller ones are also involved, viz., the metacarpo-phalangeal articulations of both thumbs and the corresponding joints of both great toes, and the temporo-maxillary articulation of the right side,—the last-named causes great complaint upon movement of the lower jaw, and the joint is very tender upon pressure. He also complains of a pain in the back, near the point of the scapula, and on examination it is found that there is a small spot about an inch and a half to the right of the spine, and corresponding with the attachment of the fifth and sixth ribs, to the transverse processes, which is very sensitive upon deep pressure. Heart and other internal organs were examined and found healthy.

He was treated by iodide of potassium and iodine locally, with flannel bandages. Improvement soon began. The smaller joints recovered first, and after pain had left the knees, swelling still obstinately remained in them. Just as he was about recov-

ered from all the original trouble, pain set in in the soles of the feet, and a troublesome plantar rheumatism necessitated his longer stay in Hospital. He was discharged well on the 25th January, 1879.

Patient was cautioned against contracting gonorrhœa a second time, as it would almost certainly be accompanied by a renewed attack of the painful rheumatic affection.

Gonorrhœal Rheumatism.—Second attack, involving several Joints, including temporo-maxillary and sterno-clavicular.

E. M., æt. 24, admitted 30th Dec., 1878, with rheumatic pains in joints. Had gonorrhœa three years ago, which was accompanied by pains in the right knee and in all the phalangeal joints of the left foot. For this he was treated in a Liverpool hospital, the attack lasting in all nine weeks. On 30th October last he again contracted gonorrhœa, the discharge still remaining. On the 16th November his present rheumatic troubles began—first with severe lumbar pain, then pain and tenderness over both tubera ischii. Subsequently the following joints became also involved: the left temporo-maxillary, the right shoulder, and ankle. There is but slight swelling at present in any, and no pain of consequence when at rest, except in the right ankle. For a week the right sterno-clavicular articulation has been very tender, and it is also somewhat swollen.

Rapid improvement followed a treatment with potass. iodid. and a local application of lotion of iodine and glycerine.

By the 30th January all the joints were well, except the jaw, which was still tender, and the right ankle, which was pretty stiff. He was then put upon iron and gentian. The remaining troubles soon disappeared, and he was discharged cured on the 8th Feb'y, with similar advice as that given to the last patient.

Remarks.—This disease, so entirely different from ordinary rheumatism, is well illustrated by these two cases. Its predilection for the knee joints, and the singular fact that the *left* knee is that most commonly first (and sometimes alone) attacked, is exemplified in the case of J. M. In both also is seen the

sub-febrile, or even entirely apyretic course frequently observed in this gonorrhœal arthritis. A peculiar feature of the complaint is to involve joints rarely affected in the ordinary disease. So here in both patients the articulation of the jaw was severely inflamed, and in one, the structures articulating the ribs with the vertebræ, and in the other, those articulating the clavicle with the sternum, were the seat of disturbance. The case of E. M. also shows the liability of patients to suffer from successive attacks of the joint-disease with each attack of gonorrhœa. The study of gonorrhœal rheumatism presents many points of interest, inasmuch as its pathology is not yet definitely agreed upon, especially whether it be of septic origin, or produced by nervous agency through the spinal cord. I incline strongly to the latter view.

Correspondence.

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—The twenty-eighth annual meeting of this Society was held at Saratoga, under the presidency of Dr. Barker, of Philadelphia, beginning Aug. 27th. In the circular issued by the general secretary, it was stated that an effort would be made at this meeting to start a sub-section of Physiology and Anatomy, and it was in this hope that your correspondent attended; but, unfortunately, there was not a sufficient number of members interested in these subjects to justify its organization. This is greatly to be regretted, as the general section B, under which these branches have heretofore been included, is too extensive, embracing, as it does, Geology, Biology and Anthropology. A sub-section of Biology, even, would be a great gain, and gentlemen interested in human physiology and anatomy could readily arrange to have the papers on their special subjects come on a certain day. Under the present system there is no inducement

whatever for men to bring physiological or anatomical papers before the meeting.

The first day was taken up in the transaction of general business, the election of new members, and the introductory addresses of the chairman of the reception committee, and the reply by the president. The former, Dr. McEwen, made a very happy speech, and sketched the history of the celebrated Springs known for nearly a century, and whose virtues, he said, have been much more constant than those of the U. S. Congress, after which they were named.

On Thursday, in the general session, Mr. Scudder, of Harvard University Library, directed the attention of the members to the catalogue of scientific literature recently issued by the Library. It forms a book of 300 pages, with 50 pages of index, and will be of great service.

In the chemical section, an address by Prof. Remsen, of Baltimore, was read, in which he made a powerful appeal for the more extensive study of organic chemistry. Perhaps the ablest paper of the meeting, one showing great research and experimental talent, was by Mr. Michelson, one of the instructors at the Naval Academy, on the "Determination of the Velocity of Light." Certain sources of error in the older observations have been eliminated, and the result determined within 1-5000th of correctness, the velocity being 186,305 miles per second, the probable error not being more than three miles per second.

In a paper entitled "Consonantal Expression of Emotion," Dr. Clarence J. Blake, of Boston, editor of the *Journal of Otology*, broached an interesting and novel theory. The consonants of any language are of special value in the expression of emotions, particularly unpleasant ones, such as anger, and for the pronunciation of them a certain amount of force is needed. For the estimation of this force, the instrument known as the Logograph is employed. In the one used by Dr. Blake he has substituted the drum with the malleus and incus of the ear for the ordinary membrane. By means of a small pen-point the vibrations of the membrane are transferred to a plate of smoked

glass (as in the sphygmograph), and a comparison of the force necessary to be employed can in this way be obtained, and a comparative value fixed to all consonant sounds. According to Herbert Spencer, emotion is an excess of nerve force which must have peripheral expression, and naturally deep feeling finds its outlet in forcible sounds. The various "cuss words" in common use afford relief to irritated man, simply because they contain the consonants of the highest logographic value. This may be called the physical basis of swearing, and affords a physiological excuse for the use of bad language. In private conversation afterwards with Dr. Blake, it was suggested that he invent a new "swear-word" of the highest possible logographic value, and with no moral significance. This might be sanctioned, very appropriately, by the American Association, and be recognized henceforth as the scientific "damn."

In the evening, Prof. Marsh, of Yale, gave an interesting address on the "History of Palæontology," showing how different periods in the study of fossils could be recognized. He told an exceedingly good story about an old German Professor, in the first quarter of the last century, who taught his students that fossils were mere 'sports of nature.' Some of them thought they might follow nature's example, so they carved fantastic forms from the soft limestone and buried them in the Professor's favourite hunting ground. They were soon found, and the delight shown at the new treasures stimulated the wicked students to fresh efforts, so that before long the Professor had a large collection of unique fossils, the like of which had never been seen. After an immense amount of labour and time spent upon them, he published a work with twenty folio plates, figuring the new fossils. His fame was apparently secure. The joke was, however, too good to be hid, the deception became known, and the unfortunate Professor was overwhelmed with ridicule. He bought in all the volumes he could, but as they became scarce the price rose, and he finally died in great poverty. The widow, a woman of enterprise and of a practical turn, retrieved the fallen fortunes of the family by the issue of a second edition.

Among the 125 papers in the list very few were of medical interest, the great majority being on chemical and geological subjects. Some of the titles speak for themselves and should have excited suspicion in the standing committee. Thus, "Animal Architecture and the Law for circulating its fluids, inclusive of the blood, the juices and the pulmonic air." "The trunk or body of the higher animals, one organ; the architecturo-Cardiac Respiration, its rythmic movements," by the same author, and each put down for 60 m. They tell their own tale —a physiological crotchet,—a few imperfect data, sweeping general conclusions. So far as I know there is yet to be written a series of papers on "Types of Professional Character," but when it is one of the most interesting will be on the half educated, often original character, whose mind has grasped an idea, perhaps a true one, and round it he will make all the facts of physiology and pathology cluster in a manner satisfactory to himself, most painful to others, who see nothing but crudities in his badly observed facts and ill concocted theories. In all large gatherings such a specimen is sure to be found, and he is generally quite irrepressible. George Eliot says, "Blessed is the man who, having nothing to say, abstains from giving us wordy evidence of the fact, from calling upon us to search through a heap of millet seed in order to be sure that there is no pearl in it." But what about the man who does?

A Paper by Dr. C. S. Minot, of Boston, on the "Conditions to be fulfilled by a Theory of Life," showed considerable research and originality, and the author criticised very ably the mechanical or physical theory so commonly accepted by advanced thinkers.

Among the notables at the gathering, few attracted so much attention as Edison—the bogie of gas companies. He is a man of medium size, about forty years of age, and not at all striking in appearance. His manner is very simple and unaffected, and he talks in pleasant, easy style. He is not a success on the platform, and said that his electro-chemical telephone could face an audience much better than himself, as he was deficient in native brass. In conversation he mentioned

many interesting matters in connection with his work; some of his notions are very odd—thus he believes it will be possible to illuminate the interior of the body by passing a small electric burner into the stomach. He said that so far his experiments on the subject had been neither numerous nor encouraging, as he had nearly choked the man on whom he first tried it. There can be no doubt that he is a man of great originality and of wonderful tenacity of purpose. With the unlimited means now at his command for pursuing electrical studies, the question of the practicability of bringing the new light into general use must soon be settled. By means of his new electro-chemical telephone, vocal sounds transmitted by it can be heard all over a large hall, instead of, as in the ordinary instrument, only close to the receiver.

The only eminent visitor at the meeting was Prof. Struve, the Astronomer-Royal of Russia, a fine-looking old gentleman, who was introduced to the assembly by the President in true "spread-eagle" style, which seemed rather out of place in a scientific gathering. He was commissioned by the Emperor to procure the finest telescope in the world. After searching Europe, he decided to try America, and found that he could get the best glasses from Clarke & Son, of Cambridge, Mass. This is quite a feather in the cap of American opticians, and when the announcement was made by the Professor, the prolonged applause which followed showed how greatly this compliment to American skill was appreciated.

The central position, and the ample accommodation which its unrivalled hotels afford, make Saratoga a particularly suitable place for large gatherings. This year, in rapid succession, the Bankers, the Unitarian parsons, the Scientists and the Politicians have followed each other. There is not a large local population in the town, and the social element, so common at these meetings, was absent; and this, perhaps, is not to be regretted, for more time was available in the evening for the addresses by the chairmen of the various sections.

The numerous springs for which this place is famous are alkaline and chalybeate, and strongly charged with carbonic

acid gas. The salts vary in amount, and are different in many of the springs, even those which are close together. Thus the Congress Spring contains very little iron, while the Columbian, 100 feet away, tastes like ink, so strongly is it impregnated with chalybeate salts. The water of the former spring is bottled in large quantities, and is by far the most pleasant to drink. It is mildly aperient. There are no sulphates in any of the springs. The virtues of the waters are highly extolled by the proprietors, some of whom do not hesitate to falsify the statements of the State Analyst. Thus the amount of iodide of sodium was advanced from $\frac{1}{8}$ of a grain to 20 grs. by one enterprising bottler, of elastic conscience and great faith in iodides.

The next meeting is to be held at Boston, which not only presents unrivalled facilities for the reception of the Association, but is specially adapted for it as the representative city of the Union in literature, science and the arts. W. O.

Reviews and Notices of Books.

Health and how to Promote it.—By RICHARD MCSHERRY, M.D., Professor of Practice of Medicine, University of Maryland, President of Baltimore Academy of Medicine. 8vo. pp. 185. New York: D. Appleton & Co.

It is quite unnecessary, at the present day, to dilate upon the importance of a knowledge of hygiene, not alone on the part of medical men, but also the general public. Numerous as are the works which have appeared on this subject, yet it is one of such great extent that there is always either more to be said or some new way of presenting the various points connected with the preservation of health. This volume is professedly non-technical, and will therefore commend itself to many readers outside of the medical profession. It avoids all purely medical expressions and arguments, and is therefore quite readable for any intelligent layman. Moreover, it deals exclusively with individual hygiene, not touching at all upon the equally wide domain of public hygiene. The measures suggested, therefore,

are those which are under individual control, and can be carried out by him for the preservation of his health. Its teachings are sound and practical. It gives many useful hints which it would be well for heads of families to be acquainted with and to carry into effect. The book is divided into two parts. The first presents to us the individual human being, and traces his development to full adult condition and then subsequent decline, explaining the circumstances under which this will best take place in a purely physiological way—that is to say, without deviation from the standard of health. The second treats of "Hygienics in some detail," and discusses, amongst many, the following: Race, Air, Water, Occupation, Food, &c., and has good chapters upon the use and abuse of alcohol and tobacco. It is written in an agreeable style, and contains much condensed useful information.

Demonstrations of Anatomy: being a guide to the knowledge of the human body by dissection.—By GEO. VINER ELLIS, Emeritus Professor of Anatomy in University College, London. From the eighth and revised English edition. Illustrated by 249 engravings on wood. 8vo., pp. 716. Philadelphia: Henry C. Lea.

This work, long recognised in England as one of the leading standard authorities on practical anatomy, has now reached its eighth edition. This fact of itself of course fully attests the estimation in which it is held. In each succeeding edition progressive improvements have been made. Of late years especially, owing to the advances made in our knowledge of the histological structure of parts and organs, it has become necessary for these anatomical works to contain all the later developments. This has been carried out in Professor Ellis' admirable book, so that in this edition it will be found that the descriptions of the textural anatomy of the various portions of the body are based upon the most recent facts established by microscopical observers.

The illustrations are one of its best features. They are clear, sharp and accurate. They are not the hackneyed ones

which serve works of the same kind, but on the contrary those not original are taken from Henle and others of the more modern authors.

The plan adopted of grouping together in the text the description of all the structures met with in each anatomical region is that which must of necessity be most convenient, and is certainly most instructive to a student. Every student, therefore, of practical anatomy, whether possessed of one of the systematic text-books or not, should have a guide to his dissections founded on this plan. We know of no better work of the kind than the demonstrations of Ellis.

First Lines of Therapeutics.— By ALEXANDER HARVEY, M.D., Emeritus Professor of Materia Medica in the University of Aberdeen; pp. 278. London: H. K. Lewis.

The author states that "these lectures are submitted to the profession, and particularly the younger members of it, in illustration, on the one hand, of the working of the Vis Medicatrix Naturæ, on the Modes and the Processes of Healing and Recovery, as occurring spontaneously in disease; and, on the other, of the Modes and Processes of Dying, as resulting naturally from disease, or of the Modes of Fatal Termination of Diseases." He regards the first great lesson in the science of therapeutics to be: Instruction in the inherent tendencies of diseases to a favorable termination and in the curative powers of the organism. The pertinent question is asked—Where is this lesson taught? Certainly not in our text-books, from which the student will most assuredly gather that drugs alone cure disease. The second great lesson is: Instruction in the fatal tendencies and modes of termination of diseases. These are the author's texts, and they form the basis of twenty-four well composed and most instructive professional sermons.

The science of the Vis Medicatrix Naturæ, "the department of natural therapeutics, in contradistinction to what may be called applied therapeutics, or the therapeutics of art," must form the basis of any rational system. "We must know in detail how nature works in effecting the spontaneous decline

and cure of diseases, what provisions there are in the living body for bringing about that result in every kind and variety of disease." But nature will sometimes be taken aback, and even in cases which naturally admit of a cure, "there may be from circumstances, or there may arise a tendency, more or less strong, to an unfavorable issue, nay, to a fatal issue." Here art may triumph; hence it is so necessary to study the modes of fatal termination of diseases in order to be able to meet complications and avert impending danger. Nature and art are the factors engaged in the treatment of disease, and they run in the same grooves, but in this very co-operation of nature with art "lies the difficulty that constantly besets us—the difficulty of discriminating between a cure and a recovery, two widely different things, and of drawing the line between *post hoc* and *propter hoc*."

One other quotation will illustrate our author's position. "The main objects we have in view (speaking generally) in the treatment of cases—in all, at least, that are serious or severe—are: *first* and foremost, to have an eye to the danger signal, to the tendency to death, either in sight or impending, or (as judged of by the known history of the disease) to be looked for some time in the sequel, and this in order to be prepared to meet and counteract it; and *secondly*, to have an eye to the curative processes of nature in the working out of the spontaneous cure of the disease, and this in order to help her in it. Other objects of practice there are, no doubt, in many cases; but they are all of them subordinate to these two." Such rules will be ever present in the mind of the scientific practitioner, and "in as far as they fail him, or are inapplicable, he will then fall back on the teaching of experience."

Very just criticisms are made on the present method of teaching therapeutics, usually with Materia Medica during the first two sessions, when the student is "quite incapable of taking in even the simplest elements of it." And what is taught is applied therapeutics—the use of drugs; the principles of natural therapeutics find no place in the curriculum.

Among some of the subjects of the lectures are "Popular

and professional views as to nature and art in the cure of disease"; "Causes that have retarded the progress of therapeutics"; "Proper sphere of art in the cure of disease"; "Health and disease only relative states of one living organism." The last seven lectures are on the "Modes and processes of healing and of recovery as occurring spontaneously in disease," and on the "Modes and processes of dying as resulting naturally from disease."

We would earnestly commend to our readers the study of this work; the principles advocated in it lie at the foundation of a rational practice of medicine. The author says that "all through, my great object has been to show you the *actual* footing on which our science of therapeutics stands,—that you may neither overrate it on the one hand, nor, on the other, underrate it." This object has been well accomplished, and we are confident that the readers of this volume will feel, as the writer does, a debt of gratitude to Professor Harvey, and will date from its perusal the origin of clearer views and sounder conceptions of the art of healing.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Injection of Ammonia into the veins AS A MEANS OF RESUSCITATION IN ALCOHOLIC AND NARCOTIC POISONING.—The idea that the ammonia generated in the blood in the process of nutrition is for the purpose of acting as a solvent —that is, for the holding together the other constituents—seems probable from the fact that the rapid escape of ammonia by evaporation from freshly drawn blood, and its dissipation in the atmosphere, proceeds *pari passu* with the coagulation of the blood. It seems to show that they stand in the relation of cause and effect.

The immediate tendency of the blood to coagulate as soon as it is withdrawn from the body—that is, for its component parts to separate—certainly leads to the conclusion that its several constituents are only very lightly held together, even when

within the body. That temperature, motion, and the exclusion of air, either separately or in conjunction, are the chief agents in sustaining the fluidity of the blood is very doubtful; for when we see the wide range of temperature, with the sometimes sudden alternations to which the blood is subjected, and when, again, we find it can also more than double its speed without influencing its consistence, we can hardly think that these two —motion and temperature—are the controlling powers sustaining its fluidity.

Then, as to the exclusion of air, that cannot of itself be the cause, as the following experiment shows: The jugular vein of a dog was tied, and a ligature passed round it in two places. The blood enclosed between the two ligatures was found in less than an hour to have undergone decomposing changes, for, on a slit being made in the vein, an escape of air and partly coagulated blood followed.

To what extent the impairment of this essential condition for carrying on life—namely, the perfect fluidity of the blood,—occurs, and under what circumstances, have not been made the subject of investigation; but that there are some forms of dying whose *modus operandi* is through a gradual thickening of the blood, producing a slow and yet slower circulation until complete stoppage occurs, is probable, although an examination of the bloodvessels after death does not reveal it. It is no sufficient answer to this supposition to say we ought to find them choked and full of clotted blood. Arguing from the fact that two minutes suffice for the complete coagulation of freshly drawn blood from a living subject, and that the subsequent steps in the process of disintegration of that blood are equally rapid, we ought rather to conclude that the condition of the blood in the veins and capillaries of a person who has been dead but an hour is probably very considerably altered from what it was at the moment of death, and that the arteries being empty, and viscid blood being found in the veins, are no evidences of what was the actual condition of the circulating fluid when the heart ceased to pulsate and the lungs to respire.

In the beginning of 1878 I was making some experiments

with fresh animal blood, and repeated many of those of Dr. Richardson's. The power of ammonia to suspend coagulation was fully confirmed in these experiments. It suggested the thought that the elimination of latent ammonia, by its ready volatility, was the first step in the process of disintegration of the blood. But it was not until the following case occurred that the further thought arose that possibly the action of some poisons when taken into the system was that of stiffening or thickening the blood, if such a term might be applied to a diminished fluidity, the result of an arrested vital force leading to an arrested supply of an ingredient necessary to the maintenance of fluidity. Might not that ingredient be ammonia?

In apoplexy and in fractures of the skull with effusion of blood, where it was formerly thought that the clot of blood was by it pressure alone the cause of death, it is more probable that a progressive clotting of the blood in all the vessels in the neighbourhood sets in, and the circulation of the blood becomes arrested from this cause over an ever-widening area, until death ensues. The engorged state of all the bloodvessels of the brain found after death favours this view. In such cases death has occurred too soon for the further disintegration of the blood and the escape of its serum, but there are numerous other diseases where the arrest of the circulation or an impediment to it leads to a separation of the fibrin and serum and the infiltration of the latter into the tissues or into cavities. Serous apoplexy, ascites, and anasarca, are familiar instances.

The property of holding together in uniform admixture the constituents of the blood must be lodged in certain elements which are themselves the product of nutrition. This being so, we may go further, and assert that there occur certain conditions of the blood as the result of abnormal nutrition or of blood-poisoning where these necessary elements are deficient, or at least not present in sufficient quantity to hold intermixed the other constituents. Is this what happens in alcoholic and narcotic poisoning? Are nitrogen and hydrogen, combined in the form of ammonia, the elements wanting? If they are, it affords

an explanation of the good effect of the introduction of the latter directly into the blood in the case now to be related:

S. C——, aged fifty-two, living in a neighbouring street. I was called to her on March 6th, 1878, at 7.30 A.M. I found her lying on a sofa insensible, having all the appearance of stupor from drink. Her history was that of a confirmed drunkard. Her face had a very bloated appearance. She had risen an hour or two before, and gone to an adjoining public-house, and been supplied with drink—rum or brandy,—had come home and laid down on the sofa, and the children after a time being unable to rouse her, sent for me. There were contusions on various parts of the head and face, which gave rise to a suspicion of ill-usage as well. By shaking and shouting to her she would partly open her eyes. Mustard plasters were applied to neck and calves, and attempts made to get her to swallow a little coffee, but without success.

I then had her removed to the hospital, to which she was conveyed perfectly insensible in a cab. Here galvanism and the stomach-pump were freely used, without rousing her in the slightest. She was then removed to bed in a private ward.

At 11 o'clock I saw her again. She was quite comatose, pupils contracted, pulse feeble and flickering, and skin moist and perspiring. All attempts at rousing her failed.

At 1 p.m. I saw her again. The pulse had now become so feeble as to be scarcely perceptible; her lips and tongue were livid and cold; there was a frothy secretion of mucus from the mouth, and peculiar changes of colour passed over her countenance, which seemed to indicate the nearness of the end. I left her with the impression that in a few minutes pulse and breath would stop. Going down stairs with Mr. Gwatkin, the senior house-surgeon, discussing the case, he threw out the suggestion to try the injection of a little ammonia into one of the veins, a proposal to which I gladly acceded, and having obtained some strong solution of ammonia from the dispensary, I returned to the ward and injected with a hypodermic syringe ten drops into the medio-cephalic vein of the right arm. The effect was striking. In a few moments she moved slightly—an

uneasy, restless motion, and soon after, on being shaken and spoken to, partly opened her eyes and turned her head. The most marked change was in the pulse and mouth. The former, which was not to be felt just before the operation, could now be detected, and after a time counted, whilst the mucous membrane of the mouth and tongue became almost immediately of a natural colour.

She slowly recovered consciousness. In the evening, when I saw her again, she had so far rallied as to be able to swallow. She complained much of her arm. The skin over the injected vein subsequently sloughed. Her recovery was slow, due to the intemperate life she had led, and to the ill-usage of a brutal husband, every part of her body being covered with bruises and contusions.

I have delayed the publication of the above remarks for several months with the hope of being able to give further illustration of the effects of ammonia injection. Quite recently a woman was brought into the hospital poisoned by drinking carbolic acid. The case was apparently hopeless, when the house-surgeon injected solution of ammonia into the veins of her arm, and the woman recovered.—*Lancet*, Aug. 2, 1879.

Self-Limitation of Phthisis.—Dr. Austin Flint read a paper before a recent meeting of the New York Academy of Medicine, giving the result of his observation in cases of phthisis that had completely recovered or ceased to advance. He held that the favourable course of certain cases was due to self-limitation of the disease, as was claimed by him twenty years ago, when he reported twenty-four cases of recovery. During thirty-four years of observation he had collected a sufficient number of cases, ending in recovery, in which there had been either no treatment or treatment that could not be considered of a curative character, to prove that the disease in certain instances might be either self-limited or non-progressive after a period. He excluded cases of acute tuberculosis, cirrhosis of the lungs, and interstitial pneumonia. Of 670 cases of phthisis, occurring during thirty-four years, 44 ended

in recovery. In 31 cases the disease ceased to progress for varying periods, ranging from several months to several years. He considered the non-progression as proving that the disease ended, although recovery from the lesion did not take place, and felt justified in adding both together, making in 75 cases out of 670. Of the 44 cases of recovery practically no treatment was pursued in 23; of 31 cases of arrest, in 15 there was no treatment. In several cases of both groups there was no change in the method of life, and in a considerable number the change was not of such a character as to be important. In regard to prognosis, the symptoms indicating a favourable issue were slight increase in pulse and temperature; small amount of loss of flesh, and a fair appetite; in other words, tolerance of the disease. In regard to the lungs, the more limited the lesion the greater the tendency to limitation; and, although there was limitation in cases of large lesions, the amount of diseased tissue did not admit of restoration.

Iodide of Starch as an Antidote.—Dr. Bellini, in a paper read before the Medical Society of Florence, recommends the iodide of starch as an antidote to poisons generally. It is free from any disagreeable taste, and has not the irritating properties of iodine, so that it can be administered in large doses. He has made numerous experiments, and states, as a result of these, that at the temperature of the stomach and in the presence of the gastric juice the iodide combines with many of the poisons, forming in some cases insoluble compounds, in others soluble compounds, which are harmless so long as they are not in too large quantity. He recommends it as safe in all cases where the nature of the poison is unknown, and as especially efficient in case of poisoning by sulphuretted hydrogen, by the alkaloids and alkaline sulphides, by caustic alkalies, by ammonia, and especially those alkaloids with which iodine forms insoluble compounds. In cases of poisoning by salts of lead and mercury it aids the elimination of these compounds. In cases of acute poisoning an emetic should be employed soon after its administration.—*Lond. Med. Record.*

Toxic Effects of Tea.—Dr. Wm. J. Morton describes, in *Neurological Contributions*, No. 1, a case of considerable interest. The patient was a tea broker, aged about thirty years, sallow and thin in flesh, but apparently in good health. He was also a "tea taster," as his business required.

"Tea is 'tasted' in form of a simple infusion. An amount of the tea to be pronounced upon, equal in weight to a silver five-cent piece, about 15 grains, is put into a small cup, and hot water is turned on to it. Having noticed the behaviour of the leaf in water, the aroma in the steam, and a few minor particulars, the 'taster' takes a full mouthful of the liquid and holds it in his mouth, repeating the process until his opinion as to its quality is formed. Some tasters swallow the tea and some spit it out." The patient in question thinks he takes about half a pound of tea each day, and has been engaged in the business for about eight years. The immediate effects upon him are as follows:

"In about ten minutes the face becomes flushed, the whole body feels warm or heated, and a sort of intellectual intoxication comes on, much the same in character, it would seem, as that which occurs in the rarified air of a mountain. He feels elated, exhilarated, troubles and cares vanish, everything seems bright and cheerful, his body seems light and elastic, his mind clear with a great flow of ideas, and he has found from experience that the workings of his intellect are really more clear and vigorous than at any other time. This is not a delusion on his part, for at this time he can 'talk a man over,' and make a more advantageous bargain than at others. At the end of about an hour's tasting a slight reaction begins to set in, some headache comes on, the face feels wrinkled and shrivelled, particularly about the eyes, which also get dark around the lids. At the end of two hours this reaction has become fully established, the flushed or warm feeling has passed off, the hands and feet are cold, a nervous tremor comes on accompanied with great mental depression, and he is so excitable that every noise startles him; he is now in a state of complete unrest and mental exhaustion. He has no courage to do any-

thing, he can neither walk nor sit down owing to his mental condition, and he settles into a complete gloom. His body in the meanwhile does not feel tired. Copious and frequent urination is always present, as also certain dyspeptic symptoms, eructations of wind, sour taste, etc."

The effect of Smoking upon the Teeth.—At a recent meeting of the Odontological Society of Great Britain, Mr. Hepburn read a paper on this subject; and the results of his investigations on the subject are contrary to what is, we believe, the popular notion. He considers that the direct action of nicotine upon the teeth is decidedly beneficial. The alkalinity of the smoke must necessarily neutralize any acid secretion which may be present in the oral cavity, and the antiseptic property of the nicotine tends to arrest putrefactive changes in carious cavities. In addition he is inclined to believe that the dark deposit on the teeth of some habitual smokers is largely composed of the carbon with which tobacco smoke is impregnated. It is this carbon which is deposited upon the back part of the throat and lining membrane of the bronchial tubes; and with whatever disastrous effect it may act in these situations, he thinks we are justified, from what we know of antiseptic properties, in concluding that its action upon the teeth must be beneficial. Moreover, this deposit takes place exactly in those positions where caries is most likely to arise, and on those surfaces of the teeth which escape the ordinary cleansing action of the brush. It is found interstitially, in all minute depressions, and filling the fissures on the coronal surfaces. It may be removed with scaling instruments from the surface of the enamel, but where it is deposited on dentine, this structure becomes impregnated and stained. Indeed, it is only where the enamel is faulty and there is access to the dentine, that any true discoloration of the tooth takes place; but it is remarkable, he says, how the stain will penetrate through even minute cracks, provided the necessary attention to cleanliness be not exercised. The staining power of tobacco oil may be seen when a deposit has taken place on the porous

surface of tartar collected on the posterior surface of the inferior incisors. In this situation a shiny, ebony appearance is occasionally produced. That tobacco is capable of allaying, to some extent, the pain of toothache, is, he thinks, true; its effects being due, not only to its narcotizing power, but also to its direct action upon the exposed nerve; and he is inclined to attribute the fact of the comparatively rare occurrence of toothache among sailors, in a great measure, to their habit of chewing. He has been struck, in the case of one or two confirmed smokers who have come under his notice, by the apparent tendency which exists towards the gradual production of complete necrosis of carious teeth, and the various stages of death of the pulp and death of the periosteum taking place without pain or discomfort to the patient. This condition may, of course, be brought about by a variety of influences; but in these special cases he is inclined to think that the presence of nicotine in the mouth has acted powerfully. The experience of other speakers in the subsequent discussion appeared to corroborate that of Mr. Hepburn, except that Mr. Oakley Coles thought the frequent changes of temperature probably injurious and tending to produce cracking of the enamel, and Mr. Arthur Underwood thought that smoking to the extent of injury to digestion tended to cause recession of the gums and otherwise to injure the nutrition of the teeth.—*Brit. Med. Jour.*

Dilatation of the Heart from Digestive Troubles.—(*Journal de méd. et de chir. pratique*, July, 1879) M. Potain frequently lays stress upon a cause of cardiac palpitation and even of dilatation which often passes unperceived or is misconstrued; this is simple dyspepsia or rather an affection of the liver and stomach. In fact, in dyspepsia the symptoms may be manifested in the way of the innervation of the pneumogastric, and determine dyspnœa and palpitation. The dyspnœa is often accompanied by the so-called gastric cough, and is, most often improperly, attributed to the distension of the stomach. The true causation belongs to a certain

degree of irritation of the pneumogastric which leads often to palpitation likewise. These palpitations of dyspeptic origin are, perhaps, those that we have occasion to observe most often; they are even sometimes accompanied by cardiac dilatation, a dilatation, in fact, that may be met with whenever the stomach or liver is affected. M. Potain has observed numerous examples of this. A woman is now in his service who has a persistent gastric derangement, she complains especially of palpitation and oppression. A considerable dilatation of the heart may be demonstrated to exist in this case, a dilatation that appears to be caused by the gastric trouble and which will probably disappear with the latter. This fact has a great importance, for the case ought to be treated as one of gastric derangement, while if we give digitalis we shall only aggravate it. In another patient the same symptoms are found related to hypertrophy of the liver; the heart being voluminous because of the dilatation of its right cavities; there is no valvular affection. On the other hand, the lungs are perfectly healthy and in no way connected with the cardiac dilatation. Hence, it must be admitted in these cases that the diseased liver, like the stomach, reacts upon the functioning of the right heart and operates in this way.

Dr. And. Clark on Medical Education.—Now, as respects this question of medical education it seems to me to be in a gravely unsatisfactory condition, and to require the immediate and earnest attention of the profession. Jostled on the one side by quackery, and on the other by science, it is failing in its true work of training students to be sound practitioners of the art of medicine. Medicine *is* an art, and its end is practice, and the worth or worthlessness of any system of education must be tried by the degree in which it helps or hinders this end.

Tried by this test, the present system of medical education is, for the following among other reasons, found wanting:

1. That, whilst it has added to the curriculum and enlarged the range of examination, it has left the time for study the

same. This is destructive of that thoroughness in learning which should be a prime object to education.

2. It has introduced into the curriculum, or it has left in it, subjects difficult to acquire, worthless as mental gymnastics, useless in practice, and speedily forgotten when acquired.

3. It makes no sufficient separation between the various stages of medical education; it permits the one to interfere with the other—the lowest with the highest, so that when the student should be in the wards studying disease and the effects of remedies he is somewhere else committing to memory botanical characters of plants or the complex formulæ of chemical compounds.

4. It does not enforce the regular attendance of students in the wards; it does not require them to take a personal share in the clinical work; and it does not insist upon a period of unencumbered practical study sufficient for the acquisition of that knowledge of disease and remedy which should never fail upon an emergency and be always ready for immediate use.

5. Its examinations are so constructed, or have acquired such a construction, that they determine the nature, character, and extent of the previous instruction, and that the student when he has passed them finds himself in posession of knowledge which he does not need, and lacking that which he should have acquired in the wards, and which, now leaving the hospital, he cannot afterwards obtain. Almost no future industry and almost no experience in private practice will ever fully compensate for defective clinical study and training in the hospital wards, when the mind is plastic, and the student learns disease as a child learns speech.

6. It sanctions imperfect and even vicious methods of teaching. The student is told, not taught. The teacher describes rather than demonstrates; and, instead of making the student follow him step by step in his methods of observing, collecting, comparing, testing and recording facts, and reasoning thereon, the teacher leaves them to be learned by being described, forgetful that they can be learned only by being practised.

7. Careless of the manner in which knowledge is acquired, and sceptical as to the permanent educational value of discipline, training, and habit, it makes examination the test of fitness, the answering of questions at intermittent periods an adequate guarantee of continuous practical work.

8. The main tendency, then, of the present scheme of medical education is to give students smatterings of scientific knowledge at the cost of that thorough knowledge of their art which is essential to its successful exercise.

It will doubtless, be objected to any scheme proposed for remedying the defects and correcting the errors of the present system that it will injuriously restrict the limits and degrade the character of medical education, and that it will hinder rather than help the development of scientific as opposed to empirical methods of inquiry. But such objections spring from misapprehension of the aims and end of science. Science is not a subject; it is not an object. It is merely a regulated method of inquiry in a certain attitude of mind into relative truth and its conditions, and is the same in its nature and its uses, whether dealing with the problems presented by sickness in man, or with the problems presented by catastrophes in the crust of the earth.

There is a cant in science as well as in religion, and both are alike base and baleful. Surely nothing can be more unscientific than discursive dabblings in many subjects. Nothing can be more scientific than the training of the mind to habits of minute, careful, methodised observation and registration of the phenomena of disease. Nothing is more ignoble than ignorance of the calling which we profess to know and are trusted to exercise. I, for my part, shall continue to believe that the physician, in investigating the phenomena of disease, and the laws which regulate their association, succession, and issue, may be as truly scientific, and may become as highly cultured, as any chemist in speculating upon the constitution of organic radicals, or any astronomer in calculating the times and distances of unknown stars, or any natural philosopher who, from his enquiries into matter and force, propounds conclusions opposed to the ineradicable instincts of the human race.—*Brit. Med. Journal.*

Proceedings of Societies.

CANADA MEDICAL ASSOCIATION.

The Association met as announced in London, Ont., on Wednesday, 10th September, 1879. The attendance of members was fairly good, but perhaps not as many arrived as had been confidently expected. One reason for this was probably the counter attraction of the festivities of the Viceregal visit to Toronto. The weather was very fine, the sun bright and clear, the air fresh and cool. The Victoria Hall, a very pleasant room of convenient size, had been secured for the meetings by the committee of arrangements. The number present at the opening session was small, but others kept on arriving through the day until about one hundred in all could be counted.

FIRST DAY.

Morning Session.—The President, Dr. MacDonald, of Hamilton, took the chair at 10 o'clock. The minutes of last meeting were read and approved. Dr. Brodie, of Detroit, was present as delegate from the American Medical Association. The following gentlemen were also introduced as visitors, and invited to seats upon the platform: Drs. Goodwillie and Leaming, of New York city; Dr. Dunlop, of Springfield, Ohio; and Dr. Noyes, of Detroit.

The Reports of Committees were then called for. The first presented was that of the Publication Committee, by Dr. Osler, of Montreal. He explained that after the Montreal meeting, two years ago, the transactions of the Association had been published in accordance with resolution then passed. The proceeds of the sale, however, had not met the necessary expenses, and it had been requisite to take the balance of the subscriptions of the Montreal profession to pay the printer. In fact, a small balance remains still unpaid. Last year another attempt was made to get a sufficient number of subscribers to warrant the publication of a second volume of transactions. The encouragement received had been, however, so limited that nothing further

had been done. The Committee therefore reported that they did not think the Association was yet sufficiently advanced to contemplate a continuance of the publication.

Dr. Botsford read the Report of the Committee on Climatology and Epidemic Disease. It contained many points concerning the climate and healthfulness of various sections of the Dominion. The Report spoke highly of the labours of Dr. Larocque, Health Officer of Montreal, in this field of medical investigation, and Dr. B. exhibited a carefully-prepared colored Map of the City of Montreal, showing localities of mortality from zymotic disease.

The reading of papers was then proceeded with. The first was one by Dr. Bucke of London, on Alcohol, treating of its use both in health and in disease. The writer has made extensive experiments in the Lunatic Asylum of which he has charge. He gradually removed the supplies of ale, wine, and all spirits from the inmates, and since, about a year, ago these articles have been entirely discontinued. Dr. B. is convinced that his patients do better without than with alcohol in any form. He attacks the use of alcohol by physicians, even in weakly or delicate persons, and is very doubtful about its advisability in acute and adynamic diseases, in which cases it has constantly been most lauded. Sir Wm. Gull and Dr. B. W. Richardson were specially held up as prominent supporters of similar views. The discussion clearly showed that on the latter points there was much difference of opinion in the Association.

Afternoon Session.—This was opened at two o'clock by the President's address. The subject selected on this occasion was that of hospital accommodation. The view advocated by Dr. McDonald is the construction of plainer, less palatial edifices than those at present often in vogue, claiming that the important point to be attended to is the scientific construction of small one-storey pavilions, which can be thoroughly ventilated and easily managed. The importance was great of providing some real accommodation of this kind for almost all towns of any

size where sick poor must necessarily exist. Dr. McDonald quoted from his own experience to show how sometimes town authorities in emergencies availed themselves of old unsuitable houses wherein to treat persons affected with some epidemic disease, and had frequently to deplore the ill results consequent upon the insanitary conditions of such establishments.

Dr. Leaming, of New York, then read a paper on epidemic pleuro-pneumonia. The climatic conditions which have been considered to influence this disease were traced, the writer admitting, however, that in spite of many theories to explain such influences, yet but little is known with any degree of definiteness. Dr. Leaming would urge the advisability of sanitary and other medical associations devoting attention to this subject which may have great practical importance. For some years past there has been a tendency to outbreaks of epidemic pleuro-pneumonia through the Southern States. These visitations are known and dreaded by the inhabitants of these parts as much as that of yellow fever or other fatal epidemic. Dr. Leaming believes that although sometimes expectant treatment, with mild stimulation, may have been quite sufficient, yet that the depressing conditions then observed having disappeared, much more active measures should be followed up. Bleeding and calomel—the latter in full doses (℈i ℥ss *pro re nata*). With reference to the diagnosis of these cases, Dr. Leaming is strongly of opinion that a great majority of the râles (crepitant, &c.,) are produced within the pleura and not in the bronchioles or air-sacks. He bases this statement largely upon the conditions found at a large number of *post-mortem* examinations he had witnessed upon cattle suffering from the disease pleuro-pneumonia.

Dr. Goodwillie, of New York, came next on hindrances of respiration from disease of the nose. The importance to comfort of the physiological soundness of the vestibule and passage of the nose was dwelt upon, and the various abnormalities of these parts were described, such as warping of the meatus, exostoses, tumors, &c. In the former cases (warping) Dr. G. would recommend entirely excising the affected part by means

of a kind of punch. Several wax models were exhibited, shewing the results of treatment in various cases.

Dr. Burns read a short paper upon the value of vital statistics, with special reference to the estimation of the number of actual cases of disease in various localities (not *deaths only*) from week to week. He exhibited a table illustrating this point and explained his intention of sending blanks to a great number of practitioners throughout the Dominion, so that records might thus be preserved upon a large scale and ultimately be of some public service.

Dr. Workman was then heard on Placenta Prævia. The arguments of Sir Jas. Simpson for detachment of the placenta were criticised and exception taken against the invariable adoption of the general rules laid down by him.

Dr. Grant read the report of a case of Dermoid cyst which he had cured by incision and removal of the anterior portion of the sac.

Dr. Dunlop related a very interesting case of Dermoid cyst which he had operated upon by cutting open and leaving the posterior part of the growth adherent to the intestines, it being found impossible to safely separate these parts. Perforation of the bowel and gaseous distension subsequently occurred, but recovery ultimately took place after prolonged discharge of the bowel contents from the original opening.

Dr. Osler remarked upon the importance of the entire eradication of the lining membrane of the sac of such tumors, as, in the event of portions remaining, similar formations might recur.

Dr. Roseburgh then read a paper on Fibrous Tumors of the Uterus. It was of great length, but contained no new facts.

SECOND DAY.

Morning Session.—The nominating committee reported to the general meeting as follows:—That the next meeting be held at Ottawa on the first Wednesday of September, 1880. That the following be the officers for the ensuing year:

President, Dr. R. P. Howard. Vice-Presidents—Ontario,

Dr. Hill, sen.; Quebec, Dr. F. W. Campbell; New Brunswick, Dr. Atherton; Nova Scotia, Hon. Dr. Parker. Local Secretaries—Ontario, Dr. H. P. Wright; Quebec, Dr. Geo. Ross; New Brunswick, Dr. Allison; Nova Scotia, Dr. Wickwire. General Secretary, Dr. David. Treasurer, Dr. Robillard.—*Adopted.*

Dr. Osler then proceeded to demonstrate the medical anatomy of the brain, illustrating his subject by diagrams and also by beautiful preparations and sections recently made by himself after a novel method. The Doctor's remarks were listened to with great interest, and at their conclusion, Dr. Grant, in a few words, expressed the indebtedness of the Society to Dr. Osler for his most instructive demonstration.

Dr. Buller then read a short paper upon the treatment of Iritis by Pilocarpin. Several cases were related showing that Jaborandi is of much use in these inflammations. The paper will appear later.

Dr. Holmes' paper on the Antagonistic action of Cold applied externally in the treatment of the febrile state. The cold bath was highly spoken of in cases of continued fever and acute internal inflammations, and also especially in the febrile diarrhœa of children in the summer months, and in severe convulsions of children with high temperatures.

Moved by Dr. Grant, seconded by Dr. Bucke: That the following gentlemen be requested to prepare addresses for the next annual meeting at Ottawa, viz: Dr. Osler, on the progress of Pathological enquiry, Dr. Roddick, on Antiseptic Surgery, and Dr. Botsford, on Sanitary Science. Carried.

Dr. Playter read some remarks on Therapeutics and Materia-Medica.

Dr. F. W. Campbell read the report of a very interesting case of Duodenal ulcer, the diagnosis of which had been satisfactorily substantiated during life—illustrated by colored plates of the pathological specimen.

Dr. Hingston then read a carefully-prepared and valuable paper upon Lithotrity. He alluded especially to the fact that

Lithotomy in its performance has made no particular advance for a great many years, but that, on the other hand, the operation of lithotrity has been successively improved upon until the range of cases to which it has become applicable has now been greatly extended. Special allusion was made to the prolonged sittings recently recommended by Dr. Bigelow, of Boston, and afterwards adopted by Sir Henry Thompson. Dr. H. remarked upon the frequency with which lithotomy is still performed in Canada, and urged the substitution of lithority for the greater operation in many of these cases.

At this stage of the proceedings, the Association adjourned and proceeded to the Provincial Lunatic Asylum, where Dr. Bucke, the superintendent, had had an elegant repast prepared

The meeting re-opened at 4.30 o'clock.

Dr. Fulton read a report on Necrology, alluding more particularly to the lamented death of Dr. Benjamin Workman. Thirty-one members of the profession had died during the year.

Dr. Tye read a paper on the arrest of post-partum hæmorrhage by topical measures. The writer recommends hot water injections, and has had some uncomfortable results from the use of per-chloride of iron.

Dr. Ross read the clinical report of a case of great dilatation of the stomach, treated by the stomach pump, and strongly recommended that treatment as calculated to relieve the suffering from many of the symptoms. A pencil drawing of the stomach *in situ* was also exhibited.

Dr. Roddick followed with a case of meningocele. It was treated by ligature, which, although the child did well for a time, ultimately proved fatal.

In the evening the members were entertained by the London profession at a sumptuous dinner, at the Tecumseh House. With this, terminated a very successful gathering.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1879.

THE INSPECTOR OF ANATOMY AND THE ANATOMY ACT.

Canada is perhaps the only country in the civilized world where "body-snatching" scandals are of yearly, and in winter sometimes of monthly, occurrence. If the Anatomy Act were properly carried out, there would be no necessity for this unseemly and disgraceful state of affairs existing.

The Anatomy Act says that "the bodies of persons found dead and publicly exposed, or of those who, immediately before death, had been supported by *any* public institution receiving aid from the Provincial Government, shall be delivered to the persons hereinafter mentioned (Demonstrators of Anatomy, &c.) unless they be claimed within the usual period for interment by *relations not further removed than the third degree*, and such degree of relationship shall be established by the oath of the claimant." This Act certainly is strong enough, and could not be improved upon; but the misfortune is that it never has been fully acted upon, and "body-snatching" is still in vogue.

It is the duty of the superintendent of any institution receiving aid from the Provincial Government to notify the Inspector of Anatomy of the death of every person dying without relations in their institution. This, with the exception of two institutions has never, to our knowledge, been done. It is also the duty of the Coroner to hand over to the Inspector of Anatomy all unclaimed bodies on whom an inquest has been held; the present Coroner has never, as far as we are aware, observed this clause of the Act, but, on the contrary, has offered every obstruction

to the proper carrying out of the Act, and in spite of the existence of an Inspector of Anatomy, he has buried the unclaimed bodies at the expense of the country.

When the Anatomy Act was first framed, a clause was inserted confining the post of Inspector of Anatomy to civic functionaries, and under this clause the present inspector was appointed. In 1875 an Act was passed which stated that the Inspectorship of Anatomy could be held by any person not a physician or surgeon. During the present session an Act was passed which allowed the post to be held by a physician not connected with any school of medicine, and it also stated that a coroner might hold the position; but a coroner might have held the position under the Act of 1875, and this addition was useless unless the coroner happened to be a medical man.

The present Inspector has many times expressed the wish that he might resign his post, and we believe did at one time send in his resignation, which was not accepted. He does not profess to attend to the duties of an office which he holds unwillingly. As the Act now stands, any one except a physician connected with a medical school is eligible for the appointment. Why do the Government not appoint some active individual who is both able and willing to attend to the duties of the office properly? If such a person were appointed, we venture to assert that "body-snatching" would soon be one of the lost arts, and that there would be no scarcity of material for dissection. The jails, lunatic asylums, and numerous charitable institutions receiving aid from the Provincial Government, with but two exceptions, have, to our knowledge, heretofore totally ignored the Anatomy Act, and the Inspector of Anatomy has never brought any pressure to bear on these institutions, so that the law *could not* be evaded.

The only remedy, we repeat, that can ever abolish from our midst this immoral, disgraceful and dangerous condition of things is the appointment of an Inspector of Anatomy who will carry out this law to the letter, irrespective of creed, nationality, and personal feeling. This appointment should be made as soon as possible, so that the Inspector could be at his post on the open-

ing of the Medical Schools in October. We should also suggest that the appointment be made for the City and District of Montreal, instead of for the city alone.

BRITISH MEDICAL ASSOCIATION.—The annual meeting was held at Cork on the 5th and three following days of August. It appears to have been one of the most successful, judged both from the character of the addresses and papers, and from the abundant social entertainment provided for members. The address in medicine was delivered by Dr. Hudson, Regius Professor of Physic in the University of Dublin. The subject chosen was "Lœnnec: his labours and their influence on medicine." It takes us back to the days before the stethoscope, and eloquently shows the marvellous influence of Lœnnec's great discovery of the principles of auscultation upon medicine ever since his day. The address in surgery was by Mr. Savory, the well-known surgeon of St. Bartholomew's Hospital. It must have come, as the *Lancet* observes, as a very disagreeable surprise to the advocates of the antiseptic system of surgery. It deals in the most vigorous manner with the entire doctrine of blood-poisoning, and opposes strenuously the truth of Listerism. Mr. Savory furnishes remarkable statistics from St. Bartholomew's Hospital, shewing the wonderfully small mortality from the results of septicæmia after wounds and injuries, without any so-called antiseptic precautions, but simply fresh air and clean water. He challenges the supporters of Lister's mode of dressing to publish their statistics, and prove, if they can, that they can do better. The other addresses were on Public Medicine, by Dr. And. Fergus; on Medical Education and other topics in the medical section, by Dr. And. Clark; and on Surgery, in the surgical section, by Dr. Tanner. We give elsewhere an extract from the able and spirited address of Dr. Clark. Many who had the pleasure of meeting Dr. Clark on his visit to Canada last Fall will remember what interest he took in all appertaining to medical education in this country, and with what a forcible manner he addressed us on the subject at the public dinner given him in this city.

MEDICO-LEGAL PATHOLOGISTS.

Dr. Bayard, of St. John, N.B., has recently given an interesting address to the Medical Society of that city, which will be found elsewhere. It contains many points which it is of use to the profession to be occasionally reminded of. There is one to which we would specially draw attention. The writer very justly shows what a difficult position the ordinary general practitioner is placed in when suddenly called upon to give a professional opinion in some important case—say of supposed infanticide, or homicide by poison or other means. Most—in fact we ought to say all, except a very few—practitioners possess nothing more than a knowledge of the general principles upon these subjects, and, when points of doubt or difficulty arise, have no previous experience of their own to fall back upon to assist them in arriving at a solution. In a great number of medico-legal cases, the chief interest attaches to the performance of an autopsy and a correct interpretation of the morbid appearances then witnessed. Probably there is no department in which larger practical experience is absolutely essential for acquiring anything like complete acquaintance therewith than morbid anatomy. To be able to give a reliable opinion in any given case as to what appearances are the result of disease—or only produced by *post-mortem* changes—or simply from accidental circumstances, such as position of the body, &c—or, being really normal, from peculiar conditions actually simulate disease. To be able to decide each of these points with intelligence, and in a way to be really reliable in judicial cases, the physician should be one who is known to be in the constant habit of conducting *post-mortems*, and to have thus acquired the necessary degree of special skill and knowledge. As it is now, any and every doctor's opinion is accepted as all that is required to substantiate the cause of some obscure death.

At the meeting of the Canada Medical Association, held two years ago in Montreal, Prof. R. P. Howard brought this matter up, and urged the Association to take some steps to represent in the proper quarter the necessity that existed for remedying

this evil. From the discussion which followed, it was clear that the members were strongly of opinion that it would be advisable, in the interests of the profession, of science, and of justice, to have autopsies for judicial purposes performed as far as possible—that is to say, particularly in the cities and towns—only by such persons as should be recognized as fully skilled and competent for that special work.

We are not aware that the Association has acted further in the matter. It would be well if it could be pushed to a conclusion. Many cases have occurred in Canada where much disatisfaction has been felt owing to the discredit thrown upon the medical evidence concerning *post-mortem* indications. We need only allude to a recent case in Montreal, where the effects of some poisonous substance in meat was strongly suspected, and where the scientific evidence submitted as to cause of death was opposed to the common sense of the whole community; and, further, to that other notorious case in which an individual is now undergoing sentence in the Penitentiary, the verdict having been given mainly upon the results of a *post-mortem* performed in a most inefficient manner, and, in the opinion of the best judges, utterly incapable of supporting the conclusions based upon it.

Medico-legal evidence involving questions of pathology will never receive the weight it is properly entitled to until some means are taken to ensure the services of *experts*, and not, as now, any local physician.

Medical Items.

The death of Mr. Maunder, the well-known surgeon of the London Hospital, is announced in the latest English papers.

College of Physicians and Surgeons, Prov. Quebec.—The preliminary examination of candidates for the study of medicine and surgery will take place at Laval University, on Thursday, 18th September. The semi-annual meeting of the

Provincial Medical Board will be held also at Laval University on the 23rd inst.

UNIVERSITY COLLEGE HOSPITAL.—We notice that Dr. Crocker, Assistant Medical Officer to the skin department of the above Hospital, and Assistant Physician to the East London Hospital for Children, has been appointed physican to the skin department, at University College Hospital, to fill the vacancy caused by the much-regretted death of Dr. Tilbury Fox. For many years Dr. Crocker has specially devoted himself to the study and practice of dermatology.

SAYRE'S SPINAL SPLINT.—Prof. Sayre, whilst recently on a visit to Dublin, gave a demonstration at the Orthopœdic Hospital, in that city, of his method of treating spinal disease. A vote of thanks on behalf of the profession present having been tendered, Professor Sayre, in acknowledging the compliment, stated that in his own practice, out of 109 cases treated by him, 63 had resulted in complete cure, whilst in all the other cases there had been a marked improvement.

REMARKABLE MENSTRUATION.—Dr. Rodsewitch relates the following curious history:—The widow of a peasant in the Province of Nijvi-Novgorod menstruated for the first time at the age of 36. She was married in her 15th year, without ever having menstruated. From that time, and throughout all the years of her married life, she was continually either pregnant or nursing, and never saw her monthly periods. Her husband died when she was 36 years old, and her courses soon after appeared, and continued with great regularity. She had twins at the second, fourth, and eighth confinement; so that she bore 16 children in all.

BLOOD-POISONING AFTER OPERATIONS.—The following statistics of St. Bartholomew's Hospital are interesting in the present state of the surgical mind as regards antiseptics. They are taken from Mr. Savory's address at the Cork meeting of the British Medical Association. In all these cases no approach to Listerism was made. In 1876, the absolute number of deaths from pyæmia after operation were 2, which is at the rate of .49

per cent.; or, including erysipelas in the common term of blood-poisoning, they were 5, at the rate of 1.24 per cent. In 1877, the deaths from pyæmia were 4, at the rate of .95 per cent.; or, including erysipelas, they were 6, at the rate of 1.43 per cent. In 1878, the deaths from pyæmia were 4, at the rate of .96 per cent.; with erysipelas, 7, at the rate of 1.68 per cent. During the three years there was thus a total of 18 deaths from blood-poisoning after 1,235 operations, and this is at the rate of 1.44 per cent.

Books and Pamphlets Received.

Remarks on Ovariotomy, with Relation of Cases. By Nathan Pryeman, M.D., New York, Surgeon to the Woman's Hospital of the State of New York, &c. From the *Medical Record*. New York: Wm. Wood & Co.

Manual of the Principles and Practice of Operative Surgery. By Stephen Smith, A.M., M.D., Surgeon to Bellevue and St. Vincent Hospitals, New York. Boston: Houghton, Osgood & Co. New York, 21 Astor Place.

Materia Medica and Therapeutics (Vegetable Kingdom). By Charles D. Phillips, M.D., F.R.C.S.E., Lecturer on Materia Medica, Westminster Hospital, London. New York: Wm. Wood & Co.

A Clinical Treatise on the Diseases of the Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. New York: Wm. Wood & Co.

Physiology and Histology of the Cerebral Convolutions, also Poisons of the Intellect. By Chas. Richet, A.M., M.D., Ph.D. Translated by Edward P. Fowler, M.D. New York: William Wood & Co.

CANADA

MEDICAL & SURGICAL JOURNAL

OCTOBER, 1879.

Original Communications.

ADDRESS OF JOHN DUFF MacDONALD, M.D., L.R.C.S., EDINBURGH.

President of the Canada Medical Association.

(Delivered at the Twelfth Annual Meeting held at London, Sept. 10, 1879.)

BRETHREN,—Since your kindness has conferred upon me the honor of presiding in this meeting of our Association, I have come to apprehend, to some extent, the responsibility of the office which I have been called upon to occupy, and to see that this responsibility increases from year to year.

From the President's address it is reasonably looked for, that it should satisfy a just comparison with those delivered by brethren who have already filled this chair, and that it should equally with those addresses commend itself to the judgment and good taste of those who have to hear it.

It is right that such an address should have for its theme a subject which is of immediate practical interest, not necessarily to the medical profession alone, but also to the general public, and also that it should afford an indication of the way in which professional opinion may deal with that subject.

My respected predecessor of last year made allusion to those institutions, with the working of which his experience has made him familiar, and considering the admitted necessity for the increase of those institutions, as well as the increasing obligations devolving upon the medical profession in connection with the

care of lunatics, there can be no doubt that Dr. Workman did well in directing our minds, among other things, to the construction and location of asylums for the insane. I believe that it will not be out of place for me to bring under the notice of the brethren a subject which has had a good deal of interest for me, as well as for others, for some years past, and to speak of another class of institutions which, in my opinion, deserves, though they have not secured, an equal degree of consideration with lunatic asylums—I refer to hospitals for the sick.

To what extent are these structures required, and how are we to get them?

I venture to bring these questions before the Association, because the subject of hospital accommodation is of undoubted importance to the profession and to the public, and is one on which physicians may possibly be afforded occasions of giving an opinion.

It must be admitted, in spite of the boasting in which we are prone to indulge regarding the improved state of the world in these later days, and the increased well-being of society, that our social condition renders hospital provision, at least, as great a necessity as it was when men spoke more modestly of themselves and their times than we do. The poor we have always with us, they do not cease out of the land, and no doubt we may say that they never shall,—all optimist and communistic theories to the contrary notwithstanding. Even in our country, largely filled as it has been, within the memory of living men, with fresh young blood; free as it is, as yet, from the semblance of what has been regarded by some as the oppression of class, a hospital population is springing up all around with wonderful rapidity, and that not from amidst unprovided strangers only, but also from among those born in the midst of us, and who have been surrounded from their infancy by the advantages of a land where labor is always in request, and sure of its reward; where all that is required *of any man*, in order to secure independence, is devotion to honest work. From among these there come numerous applicants for hospital relief and shelter, persons who have not made provision for one week's sickness. It is not necessary to discuss here the causes

of this spectacle, the early rise of pauperism in the midst of us, but this much may be said, that with pauperism existing everywhere in the land, and with its sources well known to all, there does not seem to be, on the part of sick poor, an excuse for their condition sufficient to touch and cause to flow those springs of benevolence which are latent in the community.

When hospitals and refuges were founded and endowed by wealthy individuals in times past, the condition of the poor was more pitiable than it is now, their prospects seemed absolutely hopeless, and to provide for their succor in their time of sickness was a worthy aim in the eyes of all; on the other hand, in our days, and in this community at least, we are not so satisfied with the powerlessness of the poor. Nay, by many who are giving daily proof that they are not selfish and hard-hearted, the poor are thought to have their place made too soft for them; indolence and dissipation are thought to be receiving their most direct encouragement from the charitable, and it is difficult to present the claims of a hospital to our wealthy neighbours on the score—the beneficence of the object.

And yet, let the cause of poverty be what it may, vice or misfortune, the act of lightening its weight, of lessening its attendant suffering, is, when discrimination is used, certainly an act of beneficence, and though our aid to a strong and healthy idler may lawfully be limited to good advice, to the same man when he is sick, or maimed, our help must be of a more substantial kind.

It may be allowed that private benevolence, though it has done much at various times, and in various places, has never been equal to the help of this sort which has been required, and it may hardly be expected that it ever can be; its efforts are necessarily limited and fitful, while the evil to be met is on every hand, and is always growing.

Hospitals to serve the purpose required of them should be numerous, placed within easy reach of those who need their service, not so few and far between as to render it necessary for sick people to make long and painful journeyings in order to get them. It is not too much to say that every town of

eight or ten thousand inhabitants should have a well appointed hospital for itself and its environs. The great usefulness of these institutions thus scattered over the land surely cannot be questioned, whether we regard the relief to suffering which they are fitted to afford, or the centres of useful information to the public which they would form, and this Association may surely add the very valuable opportunities for observation and experience to our own profession which would thus be multiplied.

To be thus numerous, and to be efficiently equipped, the institutions must be supported at the public expense, and why should we not regard them as legitimate objects for employment of the public money. The public funds are already employed in constructing hospitals in certain favored localities. These are buildings very splendid and very expensive, highly ornamental to the places in which they are to be seen, and are sources of very natural satisfaction to those who dwell around them, or who own property there, but not by any means the most useful or even the safest retreats for those who are to have their residence in them during the seclusion made necessary by sickness or by an injury.

If we are to convince our public bodies that they have at all a duty in this matter, we must present to them an ideal of a hospital very different from that which at present prevails. The palatial style thought to be that which ought to mark these refuges for the sick poor, who when they are in health do not live in palaces, must give place to one which is more sober and less costly, and so it is that lighter and less extravagant buildings would be in every respect more suited to the objects chiefly aimed at.

The one-storey pavilion seems best to our means and wants. The simplicity and the economy of its construction must recommend it to those who are interested in the question of cost; the convenience of its arrangement must give it favor in the eyes of those who have to do with administration; while the purity of air which can be secured by its means is of such advantage in the treatment of disease and of injuries, especially such as are accompanied by open wounds, that one would suppose that

the brethren of our profession can have but one mind in their advocacy of this description of building. Separation of cases infectious from non-infectious would thus be complete. "Hospitalism," that frequent and readily accepted excuse for events which should not have happened, would be less heard of; the surgeon, in instances of grave injuries, wherein his skill and care seemed about to triumph, would less frequently have to suffer disappointment from the septic infection of perhaps some trivial and forgotten scratch, and the physician would be saved the now not unfrequent mortification of seeing a patient who is under treatment for a trifling ailment attacked by a deadly affection, which would not have appeared if the case had been treated in the individual's home.

It is not necessary in this Association to give any description of the one-storey pavilion, such a description could contain nothing not already known. No doubt the essay of Dr. Gill Wylie, published three years ago, and which treats on this subject, is familiar to most of us, but I may be allowed to say a word or two on the excellent fitness of this kind of hospital to our Province.

And first I would say that everything in the condition of our people and in the features of the country is hostile to the indulgence in what is florid and extravagant. Let us not in anything make ourselves ridiculous by manifesting that we aim at a display which is not always becoming in older and more wealthy people; nor let us forget that good taste and regardlessness of expense are not all times close associates.

In the long and narrow strip of country which is for us practically Canada, there is not much likelihood that there shall be at any time towns of great size; the configuration of the country and the fewness of its resources make such an expectation improbable of fulfilment. On the other hand, among a prosperous agricultural population such as we hope that of Canada is to be, a considerable number of market towns of moderate size is a prospect which seems likely and near, and all of these, however thriving, will always have their poor, needing aid in sickness.

To small towns, the construction of a hospital, according to

present ideas, will be an enterprise of insurmountable difficulty. They will forego the hospital altogether, or else convert to the purpose some old disused tavern or factory, while a one-storey structure of wood or brick could be provided by them with perfect ease, cheaply, that in the event of its showing signs of becoming infected, there need be no hesitation, on the score of expense, in having it torn down and removed, and erecting a new one in its place.

I do not not know that I would have brought this subject before the Association, if it was not that it was, so to speak, ready to my hand, and that I have had for many years before me proof of the evils resulting from using, for hospital purposes, old buildings, charged with septic matter, and of the impossibility of obtaining safe accommodation for the sick poor, because of the unwillingness of those in authority to look at the financial responsibility of such buildings as in their opinion hospitals ought to be; and I will have reached the end I seek if, the matter having been brought before them, the brethren will lend their influence to enlighten the community on the subject of the building of hospitals; to impress on those in authority, that the sole purpose of a hospital should be to afford to those who are in poverty, shelter in sickness, and the means of recovery; that everything which may render this purpose more difficult of attainment is to be conscientiously avoided; and that the difficulty at present in the way is that offered by extravagant customs and vain tastes, which lead us to suppose that a building for a charitable object has been allowed to miss its greatest end if it does not serve to adorn a neighbourhood, or to keep, for a time, the name of some rich man from sinking into the common oblivion.

DERMOID CYST OF THE OVARY.

By Jas. A. Grant, M.D., F.R.C.S., Ed.

Consulting Physician General Protestant Hospital, Ottawa.

[From Proceedings Canada Medical Association.]

The brief report of the following case of ovarian dermoid cyst, which presents some points of interest, I thought well to

bring under the notice of the Association, and more especially as the subject of dermoid tumors is one in which there is still considerable diversity of opinion and is the chief apology I offer for occupying your valuable time, fully aware of what Bryant has so well stated, "*That the publication of isolated "cases, however good, proves nothing, whereas the with-holding "of the whole suggests much.*"

Ann M., æt. 47, married, native of Galashields, Scotland, arrived in Canada 1st May, 1878. Father and mother healthy, the former died at 60 and the latter at 80. According to her own statement she has usually enjoyed good health. Married about 20 years, and had one child, aged 18 years. Labor was very severe and lasted 48 hours, in consequence of which she was obliged to keep her bed for a period of fully three months.

On recovery she experienced no bad effects, excepting a considerable degree of irregularity as to menstruation. About seven years ago she observed that the abdomen was enlarging, but no pain in particular was experienced. About five years ago, her family physician diagnosed a tumor, and advised her to enter the Royal Infirmary, Edinburgh, which she did in October, 1877, under the charge of Dr. Simpson. At this date the tumor had increased to a very considerable size. She remained in Edinburgh until March, 1878, at which date she returned home. While in the Infirmary, the tumor discharged a quantity of serous fluid twice, from an opening at the umbilicus, from which spontaneous result she experienced considerable relief. The quantity of fluid which escaped during the first discharge was about six quarts, and the second, fully four quarts. Shortly after leaving the Infirmary there was a third discharge of about four quarts. August 25th, 1878, in consequence of considerable inconvenience and moderate suffering and at the earnest solicitation of Mrs. M., she was admitted as a patient into the Ottawa General Protestant Hospital. I examined the case most carefully, as from the history, it presented unusual features of interest. She was much larger than a person at the full period of pregnancy, and the abdomen presented no enlarged or dark-colored veins, such as frequently observed in fibro-cystic

uterine tumors. There was a dull percussion sound generally, but no solid deposit anywhere in particular. The abdomen was moderately soft and elastic in its entire extent, and fluctuation could be detected without any difficulty. On examination, per vaginam, the uterus and bladder presented no abnormality, beyond what was the result of an unusual degree of pressure. The rectum was healthy, and in the pelvic viscera, no indication of malignant disease, thus supporting strongly the outward signs, as to the absence of organic cancerous change of structure being in progress in any part of the system. The results from a careful examination of the heart, liver and kidneys, were quite satisfactory.

After consultation of the hospital staff, the 29th was appointed for operation, which was decided upon at the request of the patient. Chloroform being administered, the usual incision was made through the abdominal walls, which were quite thick and fatty, and the structure of the tumor in the mesian line sufficiently exposed to define in a degree its character. The large trocar of "Spencer Wells" was used ineffectually, the contents of the cyst being too viscid and dense to flow through the canula, which being removed at once gave forcible exit to the chief liquid contents of the tumor. The cavity of the cyst being well exposed by a free incision, was entered by the hand and the contents removed down to either side of the uterus, no perceptible tumor being observed during the entire exploration. The sac or cyst was attached by its entire posterior surface to intestines, abdominal walls, pelvic surfaces, and in fact to all the contiguous structures, no portion of intestine being at any time visible. The entire contents, weighing fully 25 lbs., and having somewhat the feel of *bran mash*, were carefully removed with the hand and the cavity sponged out with warm carbolized water; the incision closed with silk sutures, and over the adhesive plaster, a compress, saturated in carbolized water, protected by a thick layer of cotton batting, the whole held in position by a firm flannel roller. The operation was not in any way complicated by either bleeding or vomiting, and owing to the peculiar character of the case,

occupied a shorter time than previously anticipated. A large-sized india-rubber drainage tube was passed deep into the cavity of the sac, and free vent given to its external end by an opening through the entire dressing, thus affording escape to any accumulating secretion, and an opportunity for repeated washings, which were found to be of great importance, throughout the treatment. The quantity of purulent fluid which escaped from time to time was very considerable, but by regulated pressure over the abdominal walls, the frequent injection of warm carbolized water into the drainage tube, and supporting the system by milk diet, beef tea, quinine and iron, and occasional stimulants, the discharge lessened gradually, and the constitution gained in strength as it changed from the serous character to that of laudable pus. For fully two weeks prior to leaving hospital, very little discharge was observed, beyond what would moisten the light dressing at the time. The india-rubber tube was gradually shortened as the sac closed, and at the end of the fourth week was entirely removed. The incision healed throughout the greater part by first intention, and the left side of the sac was the chief source of difficulty, the right affording very little discharge indeed. Returned to her home 28th October, 1878, since which date enjoyed very good health and performed her usual household duties with comparative comfort and freedom.

The contents of the tumor presented a dark grayish appearance, quite thick, and having long black hairs scattered throughout in various directions, but not any bone structure or teeth. On closer examination it presented the usual constituents: free fat, pavement epithelium, fatty cells, and crystals of cholestearine, having a glittering appearance, the whole saturated in a thick quasi-gelatinous fluid, quite devoid of odor.

Remarks.—During the progress of this case but two important complications took place: septicæmic symptoms and dysentery. September 23rd, on entering the hospital ward there was an unpleasant odor from the discharge, which was of a dark brown fluid character, and more copious than usual.

During the night of the 25th September, there was also an attack simulating unilateral mumps. Temperature 103°; pulse 96; all of which pointed to *septic poisoning*. On careful examination, moderate bulging was observed below the left hypochondriac region, and on firm pressure over this space, quite a quantity of fœtid, thin, dark-colored matter escaped, both through the tube and the opening, the patient at the same time being turned upon her side, so as to make the drainage as efficient as possible. At this stage of the case the stomach was very irritable, and even the milk diet was retained with considerable difficulty. By constant care and frequent dressing, the septicæmic symptoms yielded and the swelling in the neck gradually subsided by the application of warm poultices. The dysenteric attack, which took place on the 18th October, was only of short duration and gradually yielded to treatment. The daily register of the House Surgeon, Dr. McKinnon, conveys more than I could otherwise express. The history of this case, from the fact that on three separate occasions a quantity of fluid escaped, by a communication established through the abdominal walls, evidently pointed towards "*dermoid cyst*" of the ovary. This, however, I had not anticipated, and having been taken unawares, had recourse to the method of treatment adopted under the circumstances. Barnes' Clinical History (Diseases of Women,) p. 338, says: "So long as the fluid is confined in the ovarian cyst it is beyond the influence of absorption." The converse, however, is not unlikely, when suppuration takes place after operation, as in the present instance. The transmission of septic influence to distant parts, such as the glands of the neck, (the peritoneum, on which the very sac rests, being thus passed over,) is a point of much interest, and more especially so, when we consider the rapidity with which the poison of scarlet fever or other zymotic influence, centres on the parturient peritoneum. The power of accommodation may here be at work and the very strain the result of contiguous abnormal adhesion, so have modified susceptibilities as to render the parts less liable under these circumstances to direct inflammatory action. Gross (System of Surgery,

p. 931,vol. 4,) remarks: "One of the great obstacles to success in ovariotomy, grows out of the difficulty, if not utter impossibility, in many cases in arriving at a correct diagnosis, no matter what pains may be taken in the investigation, hence it is not surprising that in at least three-tenths of the cases subjected to the knife, the operation had to be abandoned, while in quite a number of others no ovarian tumor of any kind was found." Again, p. 931, he states: "I should consider an operation as unjustifiable when the tumor, *whatever* be its structure, is strongly and extensively adherent." Thomas (Diseases of Women, p. 700) states: "Although such tumors are innocuous, and not likely to increase rapidly or attain any great development, they sometimes set up very serious and even fatal disturbance—the case in point being one of the three varieties defined, viz., the cyst which contained the histoid elements, secreting fluid and changing its character to that of a fluid or rather semi-fluid character. In such cases, he is of opinion, no treatment is required, since none would be at all effectual except extirpation. This would be eminently inadmissible, since there are not sufficient dangers attendant upon the tumor to warrant a resort to so hazardous a procedure. Dr. Graily Hewitt records a case in which Dr. Alexander Simpson injected with iodine, but not with a favorable result. Dr. Atlee, on Ovarian Tumors, p. 183, records a case of Dermoid Cyst, in which, by passing a sound into the cavity of the cyst through an umbilical opening, the diagnosis was determined, and an operation for the extirpation of the tumor was pronounced impracticable, and consequently abandoned. Subsequently iodine was injected by Dr. Hayes, however, with no favorable result. Page 180, a second case of dermoid cyst is recorded by Dr. Atlee, which being diagnosed by paracentesis, all idea of extirpation was abandoned, death taking place shortly afterwards. In the former, *post-mortem* examination demonstrated very extensive adhesions; in the latter, no after examination was made. Barnes (Clinical History of the Diseases of Women, p. 334) says, "These tumors are exceedingly apt to contract intimate adhesions with the viscera amongst which they are

imbedded." And again, p. 340, two cases of much pathological interest are recorded from Guy's Hospital Museum, in which the possibility of an "ovarian cyst" healing after rupture was most carefully demonstrated, thus clearly supplying a *post-mortem* verification of vast importance. 'Tis true, these were ordinary ovarian cysts, not of the dermoid character; still, the manner in which, in these cases, spontaneous rupture and subsequent cicatricial power effected a cure is marvellous evidence of the method in which *nature* heals, and a stimulus to carry out in practice the lessons deduced from such spontaneous efforts. Bryant, p. 679, records a case from Guy's Hospital Reports for 1868, in which a woman æt. 34 was successfully treated in a case of extensive adhesion, by turning out a considerable portion of the parent cyst, and the remaining part stitched to the margins of the wound, a drainage tube used, and the suppurating cavity washed twice daily. This was an ordinary ovarian cyst, with partial evacuation of the contents. Byford, in the Transactions of the American Gynecological Society for 1878, records four cases of recovery after operation in Dermoid Ovarian Tumors, in all of which there was no recorded complication from adhesions; and Dr. Hingston, of Montreal, has informed me that such was his experience in some cases of dermoid tumor that came under his observation.

From these various facts, we observe, there is considerable diversity of opinion even with the master minds of the profession, and in those cases of doubt and uncertainty, we must be guided by surrounding circumstances. As to the histology of dermoid cysts, the profession is much indebted to Dr. Julius Pauly, of Zduny, Prussia, and Dr. Byford, of Chicago, for their recent contributions, which may be considered as valuable additions to the writings of the various authors who have already achieved a well known celebrity.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. OSLER.

CASE VIII.—*Chronic Pleurisy; flattening of sides of Chest.*

Reported by MR. W. MCEACHRAN.

J. G., labourer, æt. 43, admitted April 15th, 1879.

Past-history.—Has been a healthy man; is a moderate gin-drinker—never to excess. Is married—no family.

Present illness began in Christmas week of last year with a stitch in the left side, not confined to one spot, but shifting in character. Did not go to bed, but for about two weeks felt out of sorts and could not work. Does not remember that he was feverish. Throughout January and February got gradually weak and suffered from shortness of breath with a sense of oppression and weight in left side. Applied at Hospital in middle of March and was advised to come in, but would not. Has been able to work at light jobs, but shortness of breath and weakness increasing, he entered Hospital on April 15th.

17th.—Present condition: Patient a well-built man of fair musculature—not much fat; chest well formed, but on left side presents marked flattening in infra-clavicular and mammary regions, and on quiet respiration this side does not move at all; on deep inspiration it is drawn a little upwards to the right. Right side expands very fully. Intercostal spaces are visible on both sides. Measures 35⅝ inches; 17⅝ on left, 18 on right side. Expansion nil on left side, on right, ½ an inch on quiet, ¾ on deep inspiration.

Percussion full and clear on right side; on left, normal in front of lower border of third rib, and behind, to line corresponding with middle of scapula. Over rest of lung a dull flat note.

On palpation, tactile fremitus absent over dull region.

On auscultation, breath sounds exaggerated in left apex. In lower axillary, infra-scapular and lower half of inter-scapular

regions sound feeble, distant, and at extreme base, almost inaudible. Vocal resonance in these areas greatly diminished. On right side breathing sounds loud and breezy in character. Respirations 16 per minute when at rest; after walking up and down the room, 25-30. Has an occasional cough.

Heart.— Apex beat faintly visible in the 4th interspace, a little above and to the right of the nipple; felt most distinctly in same place. Area of dulness not apparently increased, merges in left side with chest-dulness in mammary region. Sounds normal. Pulse 76, moderate in volume.

Other systems present no symptoms of note. Appetite is good, bowels regular. Urine clear, normal in amount, no albumen; sp. grav. 1030. Sleeps well.

28*th.*—Has been kept under observation, without treatment, since 15th. Temperature has been nominal. Respirations about 20 per minute. Pulse 76-84. No change in the physical signs, line of dulness persists at same level. Was aspirated to-day and 10½ ozs. of slightly blood-tinged serum drawn off. No change in the measurement of the sides after operation; line of percussion dulness has sunk in front to lower border of 4th rib, and behind, nearly to point of scapula; but here it is still relatively dull. Very little change in auscultation.

29*th.*—Temperature rose to 100° last evening; is better to-day. Ordered potass-acetate, grs. x, three times a day.

May 15*th.*—No change of importance since last date; has been up and about; can breathe more freely. Pulse, respiration and temperature as before. Temperature has occasionally risen to 100° in the evening. Has been gaining flesh; weight, 146½ lbs. Amount of urine has ranged from 45-55 ozs. Line of dulness has gradually reached the former position.

23*rd.*—Was aspirated at angle of scapula again, and 4 ozs. of serous fluid drawn off. The needle was passed in several directions, but nothing more could be obtained. The point of the needle could be felt grating on the visceral layer of the pleura, and communicated to the fingers the sensation as if it was in contact with a dense fibrous structure. Ordered Pot.-Iodid, 30 grs. per day.

26th.—Scarcely any change since the tapping. Complains of a dull, heavy sensation in left side. Slight flatulent distension of abdomen.

June 3rd.—Physical signs not much altered. Weight, 154½ lbs.

18th.—General health has continued to improve. Can walk about and exert himself without getting short of breath. Right side measures 18; left, 17½ inches. Physical signs.—Dulness to level of 4th rib in front and to middle of scapula behind. Tactile fremitus absent. Respiration weak and distant over dull areas; difference between the two sides most marked in inter-scapular region. No adventitious signs; no change in position of heart. Discharged much improved.

August 24th.—Reported himself to-day. Was not able to do much for three weeks after leaving Hospital; since this time he has been doing light jobs on the wharf. On examination, some flattening and absence of expansion on left side. Mensuration, R., 18; L. 17. Expansion on right side, ½ an inch; on left, nil. On percussion, clear note to upper border of 5th rib in front, in axillary line to level of nipple; below this, gradually increasing dulness; behind, a clear note to 6th rib. Tactile fremitus absent in dull areas. Vocal resonance much diminished. Breathing feeble and distant in the same regions, somewhat exaggerated at apex. Heart sounds heard loudly round the left side to the spine. Apex beat in 4th space just to right of nipple. General health good. Pulse 72.

CASE IX.—*Fibroid Phthisis.—Dilatation and Hypertrophy of Heart.—Dropsy.—Amyloid degeneration of Liver and Spleen.* Reported by MR. T. W. REYNOLDS.

K. H., æt. 30; married; admitted June 10th.

Family and Previous Histories.—Father and all his family scrofulous. Two brothers delicate; one sister died of consumption. Has always been liable to take cold. 13 years ago had an attack of Bronchitis, since which time she has never been long without a cough, being specially liable during the winter. Has occasionally spat blood—never in great

quantity. Menses ceased three years ago. Cough and expectoration have increased much during this time, and she had hæmoptysis more frequently, especially in the spring of last year. Has lost flesh in the past two years. Has had night-sweats. For the past five weeks has had dropsy, beginning in the legs and gradually extending. During this period the urine has been scanty and very high colored.

11*th.*—General appearance of patient suggestive of cardiac disease. She cannot lie down; face suffused and of a sallow hue; abdomen a little swollen; moderate anasarca of legs as high as hips; fingers clubbed. Has lost flesh, but is still by no means emaciated.

Physical examination.—Chest fairly formed, slight flattening beneath the clavicles; expansion somewhat greater on right side. Percussion gives a dull note in clavicular, and in infra-clavicular regions on both sides, most marked on left side, where it reaches as low as 3rd rib. Dulness at apices behind; lower scapular and infra-scapular regions clear. On auscultation, inspiration and expiration at apices in front, coarse, somewhat hollow in character, and accompanied with mucus and bubbling râles. In right supra-scapular region breathing is tubular; in left supra-scapular and upper part of scapular regions, numerous coarse râles. At bases breath sounds more natural; few moist râles heard. Cough very worrying; expectorations nummular. Respiration 40. Heart's action tumultuous and irregular; apex beat not visible, can be felt in 5th interspace, ½ an inch to right of nipple line. Area of dulness not much increased, transversely it extends a little beyond the right border of sternum. Sounds unaccompanied by murmurs, first is dull and weak, second is accentuated at pulmonary orifice. Pulse 102, weak and compressible. Visible pulsation in veins of neck. Amount of urine, 28 oz.; dark-coloured, acid reaction; sp. gravity, 1012; contains much albumen. Tongue is heavily coated; appetite bad. Has had slight diarrhœa. Liver dulness extends 3 inches below usual border. Spleen also increased in size.

15*th.*—General condition has not improved, legs are more

swollen, and there is slight œdema of the arms. She cannot lie down; is very drowsy. Pulse has been about 100. Respiration 40-45. No change in the physical signs. Amount of urine has ranged from 20-28 ozs., is highly albuminous, and contains granular casts.

18*th*.—Temperature rose to 101°, and sank the following morning. Vomiting came on yesterday. Bowels are moved 3 or 4 times each day.

21*st*.—Legs have increased in size; complains of great oppression in belly. Amount of urine a little diminished, 17-19 ozs. each day. Casts abundant, chiefly granular, a few hyaline. Pulse not so rapid, 80-90, but very weak. Vomiting continues.

26*th*.—Has remained in very much the same state. Last night temperature rose to 102°, this morning is 97°. On examination no important change in physical signs; area of heart's dulness has increased; no murmurs; 1st sound feeble. Urine is diminishing: 12 ozs. to-day. Anasarca remains the same. Is very drowsy; cough not so distressing.

28*th*.—Gradually sank and died to-day.

The treatment consisted chiefly in the administration of Digitalis and stimulants.

Autopsy.—In abdomen liver extends a hand's breadth below costal border; 12 ozs. of turbid fluid in peritoneum. On left side pleuræ universally adherent; on right side only at upper part; cavity in this side contains 8 ozs. of fluid.

Heart weighs 370 grammes (about 13 ounces). Chambers contain large dark clots, in left ventricle decolourized. Right auricle is dilated, walls thick, musculi pectinati extend over whole sinus. Right ventricle dilated, from pulmonary ring to apex measures 11.5 centimétres; walls 5-6 mm. in thickness. Tricuspid orifice 15 ctrs. (6 inches) in circumference; valves normal. Left ventricle, chamber 9 ctrs. in length; walls 10-12 mm. thick. Mitral orifice 11 ctrs. in circumference; valves a little thick at edges. Aortic valves normal; arch

healthy. Heart muscle is pale and in a state of fatty degeneration.

Lungs.—Right, upper and inner half of middle lobes airless; pleura thick. On section these parts are found to be made of irregular cavities surrounded by dense fibrous tissue. The cavities are small, many are in communication with each other. At apex a few caseous nodules are seen. Anterior border of middle and whole of lower lobe are crepitant; tissue moderately dry, with exception of extreme lower edge, which is œdematous. Left: Upper lobe crepitant at anterior border; on rest of extent firm and airless, composed of fibrous tissue, scattered in which are a few small cavities in communication with dilated bronchi. A larger cavity exists at outer part of this lobe. Lower lobe crepitant, but contains a good many groups of small tubercles. Tissue is not markedly œdematous. Bronchi in fibroid areas thickened and somewhat dilated.

Spleen enlarged, moderately firm, slight traces of amyloid degeneration.

Liver greatly enlarged; weighs 3,500 grms., and is in state of advanced amyloid degeneration.

Kidneys large; right weighs 325 grms. Surfaces smooth, mottled, veins marked. On section, cortices swollen, lines of anæmic tubules and congested vessels run up from pyramids. Malpighian bodies very distinct, like little translucent sago grains; on application of iodine they give the characteristic reaction. Pyramids congested.

Stomach at cardia presents elongated lines of hæmorrhagic infiltration of mucous membrane. About middle of posterior wall is a small yellow slough, 6 x 10 mm., involving the mucous coat; at the pylorus is an ulcer, 25 x 8 mm., situated immediately upon the ring and extending to the depth of 3-4 mm., exposing the muscular coat.

Mucous membrane of small intestines pale and covered with an adherent mucus.

Nothing of special note in the other organs.

Reviews and Notices of Books.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Stirling Medical College, Columbus, O.; Surgeon to the New York Dispensary, department of skin and venereal diseases: Fellow of the American Academy of Medicine, Member of the New York Dermatological Society, the American Dermatological Association, &c. Forty-eight colored plates taken from life. New York: E. B. Treat, 805 Broadway.

These illustrations of skin diseases are to be issued in monthly parts, each containing four large-sized colored photographic plates. Each one of these is taken from a case representing the typical features of one disease. The author occupies an exceptionally good position for commanding the material necessary for this purpose, for at the Skin Department of the New York Dispensary upwards of 5,000 cases are treated annually, and further facilities have been afforded him of drawing also upon the other Dispensaries, both of New York and Brooklyn. We have received parts I. and II, which illustrate the following affections: Comedo, Acne Vulgaris, Lepra tuberosa, Elephantiasis, Keloid, Rosacea, Psoriasis nummulata, and Icthyosis Simplex. The representations are most characteristic, showing admirably the minute features of the eruptions and diseased parts. They far surpass any, even the best, colored drawings. The coloring is a specialty of these plates; it is accurate and life-like, but never over-done. It is all done by hand, and is executed (we are informed in the announcement) by Dr. Gaertner, formerly a physician and student under Hebra, in the General Hospital of Vienna. Judging from the specimens now before us, we have no hesitation in saying that they are unequalled as faithful delineations of cutaneous diseases, and will be found invaluable to all teachers and students of dermatology. Two pages of letter-press accompany each illustration, giving a short account of the case, together with

concise directions for the most approved treatment of the disease.

A Manual of Midwifery for Midwives and Medical Students. By FANCOURT BARNES, M.D., Aber. M.R.C.S., London. Physician to the General Lying-in Hospital and the British Lying-in Hospital, etc., etc. With illustrations; 8vo., pp. 201. Philadelphia: Henry C. Lea.

This volume covers well the ground it professes to occupy, and though short, is still very concise and thorough. The illustrations, which are numerous and clear, are taken principally from Playfair and Robert Barnes. At page 50 will be found a very convenient diagram, after Schultze, for quickly determining approximately the date of labor. Further on in the work will be found a table giving the symptoms of pregnancy for the different months. The different forms of labor are clearly described, as also their appropriate treatment. At the end of the book a series of questions will be found, which will give an idea of the amount of information required for the diploma of the Obstetrical Society of London.

Manual of the Principles and Practice of Operative Surgery. By STEPHEN SMITH, A.M., M.D., Surgeon to Bellevue and St. Vincent Hospitals, New York. Boston: Houghton, Osgood & Co. 8vo. pp. 689.

There is constant and often very rapid advance being made in the ways and means of remedying surgical diseases and accidents. It is always requisite for every surgeon to be kept *au courant* with these various changes and modifications both for the sake of his own reputation and for the good of his patients. This handbook of Dr. Smith's will be found very useful, indeed, to all who practice surgery. It is exactly what its title professes it to be—a manual devoted to explaining the principles upon which different operative procedures are based, and then the different methods by which the desired end can be attained. By avoiding discussions on pathology, and by terseness of language, an immense amount of ground has been covered.

All the systems of the organism are taken up *seriatim*, and a rapid, but remarkably clear and complete account given of the derangements and accidents to which each is liable, together with the means best adapted for remedying these. A marked feature of the work, and one which is very commendable, is this: Wherever several different operations have been recommended by different writers, the author does not content himself with summarizing these and expressing an *ex cathedra* opinion upon their merits, but details the methods recommended in each case, leaving it often to the judgment of the reader himself to make his own selection. Besides this, there are copious references by means of foot-notes to the authorities referred to in the text. This is very handy, since in referring to any particular subject one can find at once the authors whom it would be desirable to consult if further particulars were required. The book is filled with excellent illustrations, many of which are quite original. It is well printed and gotten up in good style. We predict that this manual will soon become one of the best-known and most familiar works of reference both for students and practitioners of surgery.

Books and Pamphlets Received.

Analysis of the Urine, with special reference to the Diseases of the Genito-Urinary organs. By K. B. Hofmann and R. Ultzmann.—Translated by T. B. Brune, A.M., M.D., and H. H. Curtis, Ph.B. New York: D. Appleton & Co.

First Step in Chemical Principles:—An Introduction to Modern Chemistry, intended especially for beginners. By Henry Leffman, M.D. Phila.: Edmund Sterns & Co.

Vegetarianism, the Radical Cure for Intemperance. By Harriet P. Fowler. New York: M. L. Holbrook & Co.

Transactions of the Medical Association of Georgia, Thirtieth Annual Session.

Transactions of the College of Physicians of Philadelphia. 3rd Series. Vol. 4th.

On the Connection of Hepatic Functions with Uterine Hyperæmias, Fluxions, Congestions, and Inflammations. By L. F. Warner, M.D. Boston, Mass.: (Reprinted from the transactions of the American Medical Association, 1878.)

Transactions of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society, held at Dayton, June 3d-5th, 1879.

Report upon the Preventative Measures to be used in limiting the extension of Diphtheria within the Province of Nova Scotia.—(Medical Society of Nova Scotia.)

The Future Influence of the Johns-Hopkins Hospital on the Medical Profession of Baltimore. By John Van Bibber, M.D.

The Summer and its Diseases. By James C. Wilson, M.D. Philadelphia: Lindsay & Blakiston.

A Manual of Midwifery for Midwives and Medical Students. By Fancourt Barnes, M.D. Philadelphia: Henry C. Lea.

The Students' Guide to the Diseases of Women. By Alfred Lewis Galabin, M.A., M.D. Philadelphia: Lindsay & Blakiston.

A Guide to Surgical Diagnosis. By Christopher Heath, F.R.C.S. Phila.: Lindsay & Blakiston.

Clinical Medicine. A systematic treatise on the Diagnosis and Treatment of Diseases. By Austin Flint, M.D. Phila.: Henry C. Lea.

Physiology and Histology of the Cerebral Convolutions; also, Poisons of the Intellect. By Chas. Richet, A.M., M.D., Ph. D. Translated by Edward P. Fowler, M.D. New York: Wm. Wood & Co.

Proceedings of Societies.

CANADA MEDICAL ASSOCIATION.

(We published last month a condensed Report of the proceedings of this Association at the London Meeting. In order that the *Journal* might appear on its proper day of publication we could not wait for the Secretary's minutes. After seeing them, we find that although the previous account contains substantially all pertaining to the papers, &c., there presented, still there are a few other items which we think it well to add here in order to make it more complete.—ED.)

Dr. Covernton, Chairman of the Committee on Medical Education, read a Report dealing chiefly with the desirability of maintaining a high standard of preliminary education. Some of the statements it contained were thought by many members to involve undeserved reflections upon certain of our principal Institutions, and it was therefore moved that the Re-

port be laid on the table. This course was approved by the meeting, and the Report was not adopted.

Dr. Cameron, of Toronto, Chairman of the Committee on Progress of Medicine, was not present, but sent a very carefully-prepared summary of the most important observations and investigations during the past year. (We hope to be able to publish this report in full or in a condensed form.)

Dr. Canniff also sent, on the part of the Surgical Committee, a lengthy Report on Progress of Surgery. Owing to lapse of time neither of these communications were read.

Dr. F. W. Campbell, seconded by Dr. Osler, gave notice of the following motion :—" That the time devoted to the reading of any papers—except addresses upon special subjects which at a previous meeting had been assigned to a member—shall not exceed thirty minutes."

The Secretary was voted his usual honorarium and allowed his travelling expenses. A vote of thanks was also given to the Treasurer and his travelling expenses allowed. Thanks were also voted to the Grand Trunk and Great Western Railways for issuing tickets to members at a reduced rate; also, to the Committee of Arrangements, and to Dr. Bucke for his attention and entertainment.

Drs. Mullin, Osler and Sloan were appointed a Committee to report at next meeting upon the question of members' fees, and the best means of publishing the transactions.

A cordial vote of thanks was also given to Dr. Macdonald for the able and affable manner in which he had conducted the meeting.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

SEPTEMBER 19TH, 1879.

A regular meeting of this Society was held this evening, the President (Dr. Henry Howard) in the chair.

There were present—Drs. Henry Howard, Perrigo, Reddy, Kerry, Spencer, Guerin, Trenholme, Kennedy, Simpson, Bessey,

Shepherd, F. W. Campbell, Proudfoot, Finnie, MacDonnell, Munro, Ritchie, Loverin, Wood, W. B. Burland, and Edwards.

The minutes of last meeting were read and approved.

Dr. Herbert L. Reddy was proposed a member by Dr. Henry Howard, seconded by Dr. Perrigo.

Dr. Sheridan was balloted for and elected a member of the Society.

Dr. John Reddy then read a paper unique in character and of great interest on "Pneumonia, with Embolism of the Right Femoral Artery." As far as could be ascertained, this is the first case of the kind on record. (The report of this case will appear in our next number.)

A vote of thanks to Dr. Reddy was moved by Dr. F. W. Campbell, seconded by Dr. Perrigo, and carried.

Dr. Finnie related a case in his private practice. He was called on the 28th of August to see a female patient *enceinte*, suffering with flow of blood. Considering it a case of threatened miscarriage, he ordered rest and opium. Two days after, an unusual amount of blood was lost, and there was, in addition, incessant vomiting. Next morning the womb was more dilated, and it was then judged to be a case of placenta previa. The case was seen in consultation with Dr. Kennedy, and labor was induced. Chloroform was given and the membranes ruptured, when an unusually large quantity of liquor amnii came away. It was a twin birth, one fœtus being quite covered by its membrane. Stertorous breathing and convulsions followed, the patient dying two hours after the operation. There was but one placenta, it being of the kind known as placenta succenturia.

A discussion followed, in which Drs. Kennedy and Trenholme took part.

Dr. Kennedy mentioned a case which had been brought to the Woman's Hospital, St. Antoine Street, the indications being those of miscarriage: half an hour after her admission a fœtus was expelled. There was retained placenta, which Dr. Kennedy removed. Her face was swollen and covered with an urticaria rash; opium was administered to quiet her. Next day the eruption was gone, but over the abdomen were a

number of small purpuric spots. She died at 6 that evening—death supposed to be from rupture of a blood vessel in the lung.

Dr. Shepherd mentioned a case seen by him in the out-door department of the General Hospital. An individual presented himself complaining that he was debarred cohabiting from the presence of a small excrescence on the base of the glans penis. It had the appearance of an apple seed, but on removal proved to be a small sebaceous cyst.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.
Secretary.

At the Annual Meeting, held in the Rooms of the Society, on the 4th October, the following officers were elected for the ensuing year, viz:—

President, Dr. R. P. Howard; 1st Vice-President, Dr. J. Reddy; 2nd Vice-President, Dr. Hingston; Council, Drs. F. W. Campbell, T. G. Roddick and H. Howard. The Secretary, Dr. O. C. Edwards, and the Treasurer, Dr. Proudfoot, were unanimously re-elected.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Chancres OF THE TONSILS AND THE BUCCAL CAVITY.—Mr. Spillmann has published in the *Revue Médicale de l'Est*, two cases of chancre which are very remarkable, both for the peculiar circumstances attending the infection, and for the difficulty of making a diagnosis.

The first was that of a lady, aged 59, whose position in life was such as to exclude all suspicion of syphilitic infection. She consulted M. Spillmann for a slight sore throat which she had for about a fortnight, the pain being more violent during the act of swallowing. There was also a considerable swelling of the glands at the angle of the right maxilla. On examination

of the throat, a wound of the size of a threepennypiece was seen on the surface of the right tonsil, slightly depressed, and of a grayish hue. The mucous membrane around it was œdematous, and the parotid glands enlarged and tender to pressure. No other lesion could be discovered either in the mouth or throat, nor was there any external redness of the skin. The patient herself did no complain of any particular feeling of ill health, and seemed to consider her disease as a very trifling matter. M. Spillmann, who was well acquainted with his patient's way of living, could not conceive the existence of syphilis; but, a few days later, the characteristic syphilitic rash broke out, so that there could be no doubt as to the nature of the affection. The only difficulty to solve was the etiology of the case; after a great deal of trouble, it was discovered that the patient had adopted a baby which she was bringing up by hand, and that, in order to see if the temperature of the milk in the feeding-bottle was right, she often used to try it by drinking from the rubber mouthpiece. The infant being examined, was found to be suffering from hereditary syphilis, with ulcerations of the mouth and the genital parts.

The second case is not less interesting respecting the way in which the infection had been communicated. An upholsterer's apprentice, aged 13, had had for some days previous to his consulting M. Spillmann, a small red patch of the size of a threepennypiece on the lower lip; this patch was indurated at the base, the glands were enlarged—in short, it was an undoubted chancre of the lip. It seemed impossible at first to discover the cause, when it was discovered that the boy used to work with a man who was suffering from syphilis, and took his nails from the same bag as this man. Upholsterers, it seems, are in the habit of putting into their mouths handfuls of the small nails which they use for their work, putting back the surplus nails into the bag. The workman was examined and found to have syphilitic patches in the mouth, and there can, therefore, be no doubt that the boy was infected by putting into his mouth nails which were impregnated with the saliva of this man.—*London Med. Record*, July 15, 1879.

The Alcohol Controversy.—A striking instance of the proverb "doctors will differ" is found in London among medical men as to the question of alcohol as a beverage. Fothergill, the brilliant and eloquent and ardent and strong, says it is not only wholesome, but necessary to the human organism, and that a nation of teetotalers is invariably a static nation, if not possibly degenerating. And he declares that to Kentucky whisky is due the excellence of its people. The great and dashing surgeon, Sir Henry Thompson, declares that the use of alcoholic drinks is poisonous, and that their use except as medicine is wholly and terribly evil. Mr. Erasmus Wilson, distinguished as an anatomist, as a surgeon, and certainly the wisest of dermatologists, and a successful author and teacher, poohpoohs as nonsense and denounces as fanaticism the war that is waged against alcoholic beverages. He says you might as well say that cod-liver oil is poisonous. Dr. Richardson, great as a discoverer, as an inventor, as a writer, and whose influence in the profession and with the people is second to no man's in Great Britain, holds alcohol to be the most abundant of all sources of disease, and especially the most terrible enemy to those who live by their brains. He says it mows down more men in the professions of medicine, law and journalism than all the other causes of disease, killing them by gout and rheumatism and heart and arterial troubles and brain-disease, and so on. Dr. Bucknill, the great alienist and truly great man, has no patience with the total abstinence movement. Wine or beer, or some form of alcoholic stimulant, he declares, is necessary to health.—*L. P. Yandell's London Letter in Louisville Medical News.*

Sea Water IN TREATMENT OF CHRONIC CATARRH OF THE THROAT.— Professor Mosler, of Griefswald, says in the *Berlin. Klinische Wochenschrift*, June 2, 1879, that he has for some years most successfully treated patients with chronic catarrh of the throat by gargling with sea water. Special rooms for gargling have been erected on the seashore in some watering places, according to his directions. It is, however,

essential that the patients should be given directions how to gargle. As the affection is generally located in the naso-pharyngeal space, it is necessary that part of the water should come in contact with the nasal cavity. In order to attain this, the gargling movements must be confined with movements of deglutition. A marked improvement in the state of the patient follows as soon as the latter has acquired this particular art of gargling. Patients who suffer from chronic pharyngitis, and who are exposed to much fatigue through singing, preaching, etc., have been completely cured by gargling twice a day for many months with a tumbler of cold water, to which is added from one to three tablespoonfuls of a twenty or twenty-five per cent. solution of sea-salt. To protect the teeth from the influence of the salt water, they must be cleaned immediately after the gargling with a tincture prepared by the author. Another of the advantages of this method is that the disposition to relapse gradually decreases, especially if the patients be directed to wash their face, neck, and forearms with cold water, and rub them dry before gargling in the morning and at night. After this has been kept up for some time, the mucous membrane of the nasal cavity and the pharynx changes entirely, and the disposition to diphtheria which predominates in certain families is greatly diminished.—*British Med. Journal*, Aug. 2, 1879.

Defibrinated Blood FOR RECTAL ALIMENTATION. —(*N. Y. Medical Journal*, April, 1879.) During the sixth stated meeting of the Therapeutical Society of New York, the committee on resolutions, through its chairman, Dr. A. H. Smith, presented a report, a summary of which is thus given: The report covers sixty-four cases. Thirty-eight were of phthisis. Of these, in eight the treatment was not well borne; ten were not noticeably benefited; twenty received benefit—some of them slight, others very decided. One case of diarrhœa in a phthisical patient was made worse. Nine cases were of anæmia. Of these, one was not benefited; eight were greatly improved or cured. Five cases were of dyspepsia. All

benefited, some of them remarkably; several apparently cured. One case of dyspeptic asthma entirely relieved while the treatment was continued. Four cases of exhaustion, from various causes; all benefited. Three cases of neuralgia; one not benefited, two decidedly improved. Two cases of gastric ulcer; one not benefited, death taking place from hemorrhage; one recovered when apparently moribund.

From the facts before them, the committee feel warranted in the following conclusions:

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That in doses of two to six ounces, it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That, administered in this way once or twice a day, it produces in about one-third of the cases, for the first few days, more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a very small percentage of cases, irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That, in favorable cases, it is capable of giving an impulse to nutrition which is rarely, if ever, obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.—*Virginia Med. Monthly, May*, 1879.—*Detroit Lancet.*

Pilocarpine AS A UTERINE MUSCULAR STIMULANT. — A writer (*Boston Medical Journal*, June 12, 1879,) says that Dr. Schanta, having heard of some cases of abor-

tion, produced accidentally by the use of pilocarpine, tested it as follows: To a pregnant woman he gave a hypodermic injection of pilocarpine, and she aborted. Continued experiments with the drug confirm the idea that pilocarpine acts on the uterus in a manner similar to ergot. Good results were lately obtained in those cases in which ergot was contra-indicated from the fact that the os was undilated.

Rational Treatment of Gonorrhœa.—Dr. L. Bauer (*St. Louis Clin. Rec.*, June, 1879) gives the results of emollient injections in gonorrhœa as follows:—"In seven cases of recent infection relief was obtained within the average time of six days and nine hours, discharge and tenderness having ceased. Some of the patients were attacked for the first, others for the second and one for the third time." He reports a case, a first attack of infectious gonorrhœa. Diagnosis confirmed by inspection of the girl, who was suffering from a moderate erythematous vaginitis. His treatment was an injection of infusion of flaxseed, to which three drops to the ounce of tincture of opium had been added. In six days there was no discharge or tenderness on pressure. Urination was free and painless. Rest perfect. Then, with the full understanding and consent of the patient, sulphate of zinc, one and one-half grains to the ounce, was added to the injection, which soon resulted in an increase of tenderness and irritability, a return of the discharge and general discomfort. Thirty days from date of beginning sulphate of zinc injections the patient was still under treatment and far from being well. The uniform success of the flaxseed injections, as compared with the stimulating treatment, speaks volumes in its favor.—*Detroit Lancet.*

Quinine in After-pains.—A discussion in the Richmond (Va.) Academy of Medicine brought out strongly the value of quinine in subduing after-pains. Dr. James B. McCaw said that recently he has found quinia in full doses one of the most potent remedies for labor after-pains. He mentioned the case of a lady lately under his charge who had borne six children; always having an easy delivery, but suffering after-pains

of a most painful character for five or six days. Formerly he used camphor, opium, enemata of morphia, etc., but could not succeed in cutting them short. In her last confinement he determined to test the quinia treatment, and gave her 5 grains sulph. of quinia after the first after-pain, which was very severe, and repeated the dose at the end of four hours. The remedy acted like a charm, perfect relief from these pains resulting. Dr. O. Fairfax stated that in his hands quinia had yielded the same results as spoken of by Dr. McCaw, being much more certain in its action, and not followed by the train of unpleasant symptoms so frequent after the use of opium. Dr. L. B. Edwards had used quinia regularly for the purpose named ever since its recommendation in the year 1874 by Dr. William Goodell, of Philadelphia. Dr. O. A. Creenshaw had used quinia for after-pains, and was satisfied no better remedy existed.—*Virginia Medical Monthly.—Louisville Medical News.*

Summary of the Results of Fifteen Cases of Battey's Operation.—By Robert Battey, M.D. (Rome, Georgia, U.S.)—The writer opened his paper with a tabular statement of his cases, gave certain deductions drawn therefrom, and appended a more full statement of the present condition of the several patients. The mortality had been 13⅓ per cent. Regarding the results obtained at the end of six months, separating the recovered cases into three classes, there were three cases (*a*) of removal of but one ovary, three cases (*b*) of imperfect removal of both ovaries, and seven (*c*) of complete removal of both ovaries, which compared as follows: Morbid conditions wholly disappeared in class *a*, 1; in class *c*, 6; partly disappeared in class *a*, 2; in *b*, 1; not benefited, class *a*, 1; class *b*, 2; too recent to determine, class *c*, 1. *Present condition*—Perfect health, class *a*, 1; class *c*, 4; comfortable health, class *a*, 1; class *b*, 1; class *c*, 2; not benefited, class *a*, 1; class *b*, 2; too recent to determine, class *c*, 1. The objects of the operation were described as fourfold, viz.: 1. To obviate the effects upon the general system of a vicious ovulation; 2. To obviate the effects of unrelieved men-

strual molimen; 3. For the control of exhausting uterine hæmorrhages incident to ovulation; 4. To produce the vascular and nervous revolution which attends upon the change of life. As regards the warrant for the operation, it is difficult to define exactly the field. The writer was accustomed to ask himself three questions, viz.: 1. Is the condition to be remedied a grave one? 2. Is it incurable by other and less radical means? 3. Is it curable by the arrest of ovulation or change of life? If the three questions be answered affirmatively, the case is a proper one; but if either of them had a negative answer, it is not. Two methods of incision had been followed, viz., the abdominal and the vaginal. The writer had had three cases of the abdominal without fatality, and twelve of the vaginal with two deaths. This, however, did not accord with the experience of others; for, in fifty-four cases tabulated, thirty-four were abdominal with a mortality of 35⅓ per cent., and twenty were vaginal with a mortality of only 15 per cent. In dealing with the pedicle, in but two cases was the ligature employed; in twelve, the pedicle was simply crushed by the *écraseur*. The latter method was deemed safe and most desirable. In but one case was the method of Mr. Lister employed, and Dr. Battey was favorably impressed with the result. Without exception, when but one ovary was removed, or both ovaries in an incomplete way, the menses continued; and without exception, when both ovaries were completely removed, the menses ceased entirely. The writer concluded with a series of notes, giving personal communications and extracts from letters, to show more fully and satisfactorily the present status of each case.—*British Medical Journal.*

—The microscopic examination of American pork is carried out extensively in Berlin. An official report lately issued shows that from August 1st, 1878, to August 1st, 1879, about 5,000 hams, 600 sides of bacon, 500 shoulders of pork, and 125 *roulades*, were examined. Of these, there were reported to the police authorities as containing trichinæ, 109 hams, 16 sides of bacon, 7 shoulders, and 4 *roulades*. Trichinæ were also found in two pigs slaughtered in Berlin.

Tetanus.—The results at which Prof. D. W. Yandell arrives, from a careful analysis of three hundred and eighty-five published and thirty unpublished cases of tetanus, are as follows:

1. Traumatic tetanus is most fatal during the first decade of life.

2. It usually supervenes between four and nine days after the injury.

3. The largest number of recoveries are found in cases in which the disease occurred after the lapse of nine days from the injury.

4. When tetanus continues fourteen days, recovery is the rule, death the exception, *apparently independent of the treatment.*

5. Tetanus arising during the puerperal state is the most fatal form of the disease.

6. Chloroform has, up to this time, yielded the largest percentage of cures in acute tetanus.

7. The true test of a remedy for tetanus is its influence on the history of the disease: (a) Does it cure cases in which the disease occurred prior to the ninth day after the injury? (b) Does it fail in cases whose duration exceeds fourteen days?

8. Tried by these tests no agent has yet established its claims as a true remedy for tetanus.—*Birmingham Review*, July, 1879.—*Louisville Med. Herald.*

Treatment of Ozœna.—With the following treatment of ozœna, Dr. Witthauer, of Eisenach, has had great success: He first removes, with the help of the nasal mirror, all scabs as far as possible, and then makes a local application of a two per cent. sol. nitr. silv. to the surface from which the scabs have been taken. Should there be a tendency to bleed, however, he substitutes chloride of iron for the nitr. silver. Having repeated this treatment several times, he, at night inserts a tampon—which has first been soaked in glycerine and then sprinkled with powdered alum—into the nasal cavity. Next morning the tampon is removed, and either a sol of potas.

hypermang, or zinc sulph. injected. Under this treatment the bad odor quickly disappears, crusts cease to form, and the sécretion soon becomes normal.—F. W. KOEHLER.—*Louisville Med. Herald.*

The Sphygmophone.—In this age of invention, a discovery that may perhaps revolutionise a trade and overturn our dearest belief, is of such ordinary occurrence that it excites little attention. One of the latest of these inventions is the sphygmophone, a useful adaption of the telephone to the pulse, by Dr. Richardson, F.R.S. The needle of the sphygmograph is made to move upon a metal plate, which is connected with the zinc pole of the Leclanché cell. The metal stem of the sphygmograph is then united to one terminal of a telephone, and the other terminal is connected with the other pole of the battery. The needle is permitted to traverse the plate with every pulsation, and the result is to give three distinct sounds from the telephone, one long and two short utterances, somewhat resembling the words "bother it," says Dr. Richardson, which correspond with the first, second, and third events of the sphygmographic tracing. By these means the pulse can be heard by several hundred persons, and if the wires were extended the patient's beats could be heard at a considerable distance.

Thymol.—SOME OF ITS ADVANTAGES OVER CARBOLIC ACID.—Dr. C. H. Williams (*Boston Med. Jour.*, Feb. 13th, '79) states that thymol produces less secretion than carbolic acid. Hence the wound has more rest, as the bandages need not be changed so frequently, and the healing process can advance more rapidly. It has no poisonous effect; does not irritate the skin or edges of the wound, which requires no protection under it; does not cause anæsthesia or desquamation of the operator's hands, or irritation of the air passages; has an agreeable odor; and does not injure the instruments immersed in it. As thymol is soluble in about one part to one thousand of water, it can readily be employed as an antiseptic spray. Still it is better to add a little alcohol and glycerine.

A New Test FOR THE PRESENCE OF BILIARY COLORING MATTER IN THE URINE.—Nitric and hydrochloric acids, according to M. Masset, are not as delicate tests for the coloring matter of the bile as nitrate of potassium. The urine to be examined should be acidulated by two or three drops of concentrated sulphuric acid, and a small crystal of the nitrate dropped into it. The reaction is immediately established, a beautiful grass-green color being produced, if the quantity of the biliary coloring matter is large. On shaking the liquid the color becomes uniform, and of a deep tint; boiling does not change it, and it may be preserved for several days without alteration. The addition of water simply diminishes the intensity. If the biliary matters are present in but small quantity, the liquid takes, in a very short time a pale green color, which also is persistent; it can easily be perceived by placing the tube between the eye and daylight, or in front of a white background. In these circumstances normal urine should present a light rose color. At the beginning of certain maladies, where the ordinary tests are useless, this reagent, it is thought, will be of service on account of the facility of its application and the distinctness, delicacy, and constancy of the reaction; further, it is not subject to the errors of observation, or the uncertain or erroneous interpretations attendant on the usual methods of examination.—*Journal de Médecine*, May, 1879.

Medicated Ice.—Dr. Edwyn Andrew, at the meeting of the British Medical Association, called attention to the use of medicated ice. He pointed out the advantages in certain surgical and medical cases of employing moulded or unmoulded ice; the cold being rendered more effective by being combined with the active principles of drugs, and this combination obtained by freezing various medical solutions. In operations, ice by this means may be rendered highly antiseptic, caustic, or styptic, etc., or these properties may be combined; it may be moulded into various forms, which can be readily handled and applied to parts of the body not easily reached. In medical cases, especially of the throat, stomach, and hemorrhages

from internal organs, ice may be thus pleasantly used to relieve symptoms, and convey at the same time medicine and food to the stomach, when the latter would resist them in any other way.—*Med. and Surg. Reporter.*

For Sore Nipples.—Dr. Brochard, of France, in the *Rev. Med.*, says, discarding all the usual lotions and greasy applications: "Instead of these, however deep or extended the chaps may be, wash the nipple in pure water, and carefully dry it, and then powder it and the sores well with suberine, *i. e.*, the impalpable powder of cork. This, too, is much to be preferred in the hygiene of infancy to the inert powder lycopodium, for it is cheaper and contains some tannin. Over the suberine is to be placed a portion of gold beater's skin cut star fashion, in the centre of which some apertures have been made by means of a very fine needle. Whenever the infant is about to suckle, the suberine is to be washed off and the gold beater's skin reapplied, by means of which the child will suck without causing any pain. When it has finished, the suberine and gold beater's skin are to be replaced, and so on every time."

Salicylic Acid for Tapeworm. — After trying almost all other remedies in vain, Margnowski (*Apoth. Zeitung*, Jan. 11, 1879,) administered to a patient who had suffered for nine years from tænia solium, four eight-grain doses of salicylic acid, at intervals of one hour, following these with a full dose of castor oil. The treatment proved painless and perfectly successful.

Sulphur in Acne Punctata.—The acne which occurs in the face of young persons is often very distressing to them. Dr. J. G. Parsons tells, in the *British Med. Journal*, a simple and efficient remedy—It is to dust the face with pure precipitated sulphur every night, with an ordinary toilet puff. This will usually effect a cure in about a week.

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1879.

CANADA MEDICAL ASSOCIATION.

We have always strongly supported this our Dominion Association as being the possible instrument of great good,—any criticism we may offer upon the proceedings at its recent meeting is therefore intended solely to endeavor to assist in promoting its best interests. In the first place, we think it is a mistake to make a postponement of a meeting of that kind, except absolutely compelled by necessity so to do. The meeting this year was held over from the 3rd to the 10th September, at the request of certain members in Toronto. On the first day, that city was almost wholly unrepresented, and it was only on the second day that some three or four Torontonian members appeared. Now, gentlemen often at a great distance from the place of meeting make their arrangements long beforehand to attend, and we do not think it wise to alter this to please any one locality.

One of the main objects of the Society, certainly, is the promotion of discussion upon various subjects. On this occasion discussion was entirely wanting. It is true that on some of the papers a few remarks were made by other members, but in no case was the subject brought up, sifted, examined and commented upon as it should have been. The reason for this is obvious: the mere reading of the papers and reports occupied the whole of the time, and as it was clear to all from the commencement that this must be so, any full or free discussion never was attempted. The remedy for this is equally plain.

To secure a fair hearing for the papers, and to afford time for their discussion, the Association must be divided into sections. We are not sufficiently numerous, nor is it requisite, to divide into more than two—Medical and Surgical. This just doubles the amount of work that can be accomplished, and then it will be done with much more profit to all concerned. This plan was followed at Montreal two years ago, and answered very well. The reason given this year for not doing so was want of accommodation. We hope the Ottawa local committee will bear this in mind next September.

Again, it is a grievance much complained of that some of the papers are of such inordinate length, that one only will consume the greater part of a session. This should not be: it puts out the whole business of the meeting, and often leads to a rapid thinning out of members whose patience has been exhausted. We hope that, in the interests of all, although Dr. F. W. Campbell's motion cannot be passed till next year, yet at that meeting its spirit will be acted up to by the President and other officers. With a division into sections, and the time for each reader and speaker strictly limited, our meetings will assume a much more practical and useful character than hitherto, and will be by so much the more popular and well attended.

THE MURCHISON MEMORIAL.

It has been suggested that some contribution to the Murchison Memorial Fund, now being raised, might well come from Canada.

St. Thomas' Hospital has always from the first extended a warm welcome to Canadian students, allowing them privileges which none of the other metropolitan hospitals would grant; and among the many eminent men on its staff, to none are Canadians more indebted than to the late Dr. Murchison. Many now in active work in Ontario and Quebec can still remember their first "grind" in his wards—how the seemingly inextricable array of symptoms were slowly, but surely, unravelled by his assistance—how his method of diagnosis by

exclusion was kindly, but firmly, insisted on—and how at last the case stood out, clear and distinct, before the student's eyes, its salient points firmly imprinted on the memory to serve as guide-marks in after cases of difficulty. All, we are sure, will remember the pains he took to explain the slightest difficulty or to set right the smallest error. Nothing was overlooked—no partiality was shown, for with each and every one the same care and kindness was exercised.

Although times are hard and money scarce, still we hold that some expression of the esteem in which he was held is but justly due from Dr. Murchison's old pupils in Canada, and will doubtless be well received in England.

Subscriptions will be gladly received and acknowledged by either Dr. R. L. MacDonnell, 1433 St. Catherine Street, or Dr. Molson, 61 Union Avenue.

PAROCHIALISM IN ONTARIO.

We subjoin the editorial comments of the London *Lancet* upon the recent action of the Ontario Council with reference to British Graduates. There can be no doubt that the view there taken of that eminent piece of petty parochialism is that entertained by the whole profession in Great Britain, and is widely shared in by the practitioners of the other Provinces of the Dominion, as well as many of those of Ontario itself. Just when the current of feeling was setting strongly in our favor, nothing could have been better calculated to mar the success of our efforts towards recognition in England than this most unfortunate and ill-judged proceeding. If Ontario alone suffered, we should not perhaps have so much cause to complain, but Canada as a whole necessarily bears the odium, since there are very few people indeed in England who have any idea that our country is composed of provinces separated by entirely distinct jurisdiction as far as educational matters are concerned :—

" Not only the rights of government and legislation, but the progress of medical science itself, in the Province of Ontario, are said to be in jeopardy. Our readers will be as curious to

know the causes of this painful state of matters, as they will be surprised when they learn the nature of the circumstances which are jeopardising the rights of our fellow-subjects in the province of Ontario and the progress of medical science. The one cause of such a distressing condition of things is that gentlemen who have satisfied the examining authorities of Great Britain and been registered in the Imperial Register have, under the Act of 1858, the right of practising in all Her Majesty's colonies and dependencies, subject to a power of the said colonies, under the Act of 1868, to enforce the registration of persons already registered under the Imperial Act. We all know that great disasters often depend on very inadequate or unlikely causes. But we could not have imagined, without reading carefully the correspondence on this subject, that such grave evils would follow by allowing members of the medical or surgical corporations in England, Ireland, and Scotland to practise medicine amongst Her Majesty's lieges in Canada—or rather, to speak accurately, in the Province of Ontario. But it is even so. At least, so it is gravely set forth in a petition of the College of Physicians and Surgeons in Ontario ; in a report of a Committee of the Honorable the Privy Council of Canada ; and in a letter written by no less a person and no less liberal a statesman than his Excellency the Governor-General, the Marquis of Lorne. The said College of Physicians and Surgeons of Ontario was incorporated in the year 1865 by an Act of the late Province of Canada, and by it made the sole portal to practice in that province. It is now only fourteen years old ; and yet it ventures to work upon the fears or prejudices of the Privy Council of Canada by setting forth that, unless men that are fit to practise in all parts of Britain pass "our Provincial Board," as the *Toronto Mail* puts it, "a most harmful effect on the progress of medical science in Ontario will be exercised, besides the compromise of colonial rights and liberties." It is really astonishing to see a Provincial Board so thoroughly despise the *testamurs* of the College of Cooper and Brodie, of Syme and Alison, of Crampton and Stokes and Marsh ; and it would be amusing were it not that the Privy Council of Canada has been

so far misled as to endorse its complaint, and that the Marquis of Lorne has given the weight of his authority to it. We have never been blind to the fault of our British system of examinations, and we are hearty supporters of the present legislative attempts to make it more perfect. But it is simply absurd to represent that the progress of medical science in Ontario will be arrested if those registered at home are allowed to practise in Ontario, and it is a most lamentable exhibition of parochialism in a thriving colony like Canada to wish to subject medical men of the mother country to the indignity of an examination by "our Provincial Board." The demand is not made more reasonable by closely examining the grounds on which it is based. We have alluded to the first, that the progress of medical science will be hindered. The second is that physicians and surgeons are distinct professions in the United Kingdom, and that, being registered in one capacity, they may claim to practise in both. They can only claim in England to practise in that capacity in which they are registered. Ontario might reasonably make the same limitation. But at the very most this objection cannot be made to those who have their double qualifications, who are the majority.

"These reasons for complaint on the part of Ontario are so incredible that we must look for others. We would rather believe that the real reason is a sort of resentment at the non-recognition on the part of the home authorities of colonial qualifications. Possibly, too, Canadian authorities are deluged by practitioners from other countries where examinations are more loose than here or in Canada. These are reasons for dissatisfaction, but they are not reasons for complaining of the rights of persons registered in the Imperial Register. Canada lately complained that persons holding Canadian qualifications were not allowed to hold appointments in British ships, or even in Canadian ships trading to Britain. This is a fair ground of complaint and remonstrance, but it has been, we believe, already remedied. A yet larger recognition of colonial qualifications will be accorded in the coming Amending Act. But it is a poor way of helping generous legislation to devise such

complaints and demands as those on which we have been commenting, and which we cannot help regarding as proceeding from the jealousy of schools rather than from the great body of the profession in Canada."

ENGLISH UNIVERSITY DEGREES.

There is evidently a strong and growing feeling in Great Britain towards making provision for a popular M.D. examination which shall test a man's practical knowledge of his professional duties without forcing him through the excruciating tests demanded by the London and Edinburgh Universities. We published last month Dr. And. Clarke's forcible remarks on this subject. The following is from a letter in the *British Medical Journal* by Dr. Banks, Chairman of the Council of the Liverpool School of Medicine :—

"I have no hesitation in condemning the examinations of the London University as radically false in principle. The examiners seem to think that the medical practitioner ought to be a peripatetic encyclopædia of botany, organic chemistry, mathematics, natural philosophy, zoology, and metaphysics ;—an excellent preparation, no doubt, for enabling the future doctor to treat the measles, manage a forceps case, or amputate a leg. I remember being pretty well dosed with these subjects myself. What Edinburgh man can ever forget the terrors of the botany examination ? All I can now say of the matter is, that my teachers did me a great injustice in wilfully compelling me to throw away a vast amount of valuable time and brain-power in painfully burdening my memory with a collection of facts, not one of which has ever enabled me to do a patient a halfpenny-worth of good so far as I can remember. Ah ! we are told, but look, what a splendid mental training this is ! Very likely. We used to be told that when we were small boys, and had to excogitate from our wearied pates stumbling Latin hexameters and cranky Greek iambics, while we could not point out Dresden on the map, and knew as much about the French Revolution as we did about the Justinian Pandects. Mental gymnastics, forsooth !

When a man is nineteen or twenty years of age, it is time he dropped these, and began to learn something useful. Think of the nonsense of obliging anybody, who has, by a severe matriculation examination, proved himself a well educated man, and an accomplished mental gymnast, to spend a whole year of the most valuable part of his life in cramming himself with convection, transverse vibration of strings, refraction at plane and at spherical surfaces, the distinctive character of the amantaceæ, or the history of the embryonic development of the frog! Three years after his matriculation, what object can there be in tormenting him with compound radicals and the products of destructive distillation? My idea of the London University is, that it is an institution for finding out what men among the medical students of this country can digest the largest number of scientific text-books, and spin them forth in the shortest time by the clock. From a careful study of successive relays of London University students, I compute that about two-thirds of their time is spent upon work, the bearing of which upon the real object of their lives is infinitesimal."

Sale of Paris Green.—The sale of Paris Green by nearly every grocery store in this Province has considerably excited our pharmaceutical friends of late, and we certainly think that those of them who propose a more stringent enforcement of the poison clauses of the Pharmacy Act are right. Paris Green is a combination of arsenic and copper, more or less pure according to quality. It is said to contain at least 50 per cent. of arsenic. Such a chemical comes directly under the head of arsenical preparations mentioned in Schedule A of the Act, consequently until this Act is amended or repealed none other than Licentiates of Pharmacy can legally sell it.

Montreal College of Pharmacy.—We have received a copy of the Annual Announcement of the Montreal College of Pharmacy, which we are glad to see is now Incorporated by Act of the Provincial Legislature.

Mr. H. Sugden Evans, who is an ex-president of the Phar-

maceutical Society of Great Britain and Member of the Chemical Society of London, opened the courses by an introductory Lecture, on Wednesday evening, October 1st. Professors Reed and Bemrose are the Lecturers for the present Session.

It is with the greatest pleasure we notice the advancing usefulness of this Institution, and we wish the promoters every success in their efforts to educate rising pharmacists to a proper appreciation of the great responsibility of their position as dispensers of medicine.

Opening of the Medical Schools.—All the medical schools of Montreal were opened on Wednesday, 1st October, by introductory lectures. That at McGill University was delivered by Prof. Gardner. The attendance of students was larger than usual, and the Doctor's able and interesting address was listened to throughout with marked attention. We shall publish a condensation of this lecture in the November number of the *Journal*.

At Bishop's College, by Prof. McConnell. The address dealt principally with the subject taught personally by the speaker—Botany—and continued with an exposition of the value and importance of the study of the natural sciences to intending medical men.

At the Victoria School of Medicine, by Prof. G. O. Beaudry.

At the Laval University—opened for the first time in the city of Montreal—by Prof. Rottot.

Medical Items.

Precipitate Birth.—The following case is worth placing upon record as facts of this kind are often useful for reference in medico-legal cases involving the questions of infanticide or concealment of birth. It has been sent us from Dr. D. F. Gurd, who has recently been acting as Obstetric Clerk at St. Thomas' Hospital, London:

At 5.15 a.m. on 11th August last, I received a summons to

attend Mrs. R., Hubert's Buildings, Waterloo Road. The messenger said to hurry as the child was born. I therefore hastened to the place and found the woman in bed, looking very anxious, and lying with a quantity of blood about the buttocks. She stated that at about 4 o'clock she got up out of bed and *sat on a pail* to make water, and that while doing so "felt a gush" come from her; this frightened her, as she thought her "water had broke." So she at once jumped up and got into bed. In a minute or two she heard a cry come from the pail, and screeched out to a woman in the room, "My God! the baby is in the pail." The cord broke off about four inches from the umbilicus. On enquiring, the woman told me the cord was not bleeding when she lifted the child out, but she nevertheless tied it. The placenta had been retained an hour and a-half when I arrived, but came away without any difficulty, and the uterus contracted firmly. Both mother and baby did well. The child, a boy, was full time, but rather under the average size. The mother is of medium height, thirty-two years of age. She had been in labour since the day before. This was her fourth child. She said her labours were always very lingering, and that the doctor had to use instruments with her third baby.

A PHYSICIAN'S DANGERS.—A Bordeaux paper tells of the serious injuries sustained by a physician of that town under singular circumstances. Called by night to attend a sick child, he found an infant in convulsions. On inquiry he learned that it had been attended from the commencement by another physician, and suggested that the latter should be summoned instead of himself. Enraged at this apparently reasonable proceeding, the father violently assaulted the doctor, and was aided by four or five women friends, who endeavored to do some eye-gouging with pairs of scissors. A luxation of the thumb and other severe and painful injuries resulted. The aggressor is stated by the Bordeaux *Journal de Médecine* to have been "un Anglais," and also "un boxeur," (the latter coiner showing that it has no proper French equivalent); and hints its belief that such breaches

of courtesy may be common enough in England and in America, but are not often to be found in "La Belle France." The *Journal* may be right, but if so, why is the "service de nuit" of Paris necessary, in which every physician is accompanied by a police officer? Such an escort is quite unnecessary in the worst parts of London or New York.

DESQUAMATION IN AN INFANT.—Mr. Chanier reports a singular, perhaps unique, case of casting of the skin in a new-born infant, without any disease of either mother or child. "Immediately after birth, the whole epidermis came off with the slightest degree of friction, and was removed just as though from the body of a fœtus which had been dead six or eight days. The skin of the feet was detached exactly like a glove. The following day the whole epidermis had been removed, except at two or three small spots on the left leg, the back, and the right arm. The child then presented a natural color, and the heat of the surface was normal. It sucked vigorously, and has enjoyed excellent health ever since."

CONGENITAL ABSENCE OF THE SPLEEN.—Koch and Wachsmuth relate a curious instance of this fact observed at the Hospital of Altona. It occurred in a man of 49 years suffering from Typhoid Fever. On percussing the region of the spleen for the purpose of confirming the diagnosis, it was impossible to find any area of dulness at all in the usual situation. The patient died, and no trace of spleen whatever could be found; the splenic artery also was completely wanting. The other abdominal organs were quite normal. (Berl. Klin. Wochen.)

ST. THOMAS' HOSPITAL.—Mr. Simon publishes in the *Lancet* his views concerning the proposed reception of paying patients in considerable numbers in St. Thomas' Hospital. The object of this move is to relieve the institution from its present financial difficulties. Mr. S., however, doubts very much if it would really have this effect, and believes that much better could be done by a forcible appeal to the public. They require £100,000 to place the Hospital once more in a prosperous condition.

—The London correspondent of the *Louisville Medical News* does not put much faith in the prevalent idea that the great metropolitan physicians and surgeons confine themselves in practice strictly to their own department. He says: "Few surgeons refuse good medical cases. When Mr. Erasmus Wilson is asked by a client, 'You go in for the skin, especially, do you not?' He replies, 'Yes, and for all that it (the skin) contains—the muscles and bones, and blood and nerves, and lungs and heart, and uterus, and all the rest.'" The same correspondent further remarks that "manners and machinations, the Sunday school and church dodge, the total abstinence game, and judicious lying and stealing—(lying about skill and success; stealing other men's ideas and putting them in print)—are roads to prosperity no more neglected there than in our own enterprising country."

—The Bellevue Professors are getting to be very rigid in their examinations, if report be true. A candidate was lately plucked because he answered the question: "How would you treat post-partum hæmorrhage?"—"I would tie the post-partum artery."

—Dr. Pretssman (Wien. Med. Presse) strongly recommends the use of salicylic acid in the treatment of Psoriasis. A little cotton wool or lint is soaked in a tincture of one part of salicylic acid and sixteen parts of rectified spirits, and the affected parts of the skin are rubbed with it. The crust soon falls off, leaving the surface of the skin red, shiny and smooth.

—Dr. Bulkley gives notice to the profession that he will give a third course of Lectures on Diseases of the Skin, in the Pathological Amphitheatre of the New York Hospital, 7 West 15th Street, on Wednesday afternoons, from 2.30 to 3.30 o'clock, commencing October 8th, 1879. The course will consist of twenty-four Lectures and will be free to practitioners of medicine and medical students.

—Three medical celebrities met together to consult, at the sick bed of General X. After they go, the General rings for

his man-servant: "Well, Jacques, you showed those gentlemen out; what did they say?" "Ah, General, they seemed to differ with each other; the big fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

—We regret to hear that M. Chassaignac, to whom surgery is indebted for the introduction of the drainage-tube into practice, died on August 26th. He had for some time retired from active life.

—Koebler, having had long experience in the use of this form of treatment, recommends hot applications to the head in uterine hæmorrhages. He uses bags of sand of such high temperature that the hand can hardly bear it, but the patient bears it well. In any form of acute anæmia, the treatment is equally successful. Hot oats would answer as well, and be much lighter.

—The following is recommended for night sweats of Phthisis:

℞	Morph. Sulphat. . .	gr. v
	Atropiæ Sulphat. . .	gr. *ss*
	Pulv. Capsici	
	Quinæ Sulphat. . .	*aa* ℈i
	Pil. Aloës et Myrrh .	℥*j*

M. ft. pil. No. xx. Sig. One pill at bed-time every night till sweats are checked.

THE SANITARY INSTITUTE AND POISONOUS PAINTS.—A special medal, offered by Dr. B. W. Richardson for an exhibit selected from the entire exhibition, was awarded at the anniversary meeting of the above Institute to "Griffiths' Patent White" paint, which in our opinion amply deserves both this most honorable distinction and the glowing enconium passed upon it by the President of the Institute. "I have," said the Duke of Northumberland, "the pleasure of saying it is the greatest invention ever produced for preventing the dreadful suffering caused by the use of lead paints." "Griffiths' Patent White," we may explain, is made from zinc, and while it is a perfect weather resisting paint, is altogether innocuous either to the persons engaged in the painting or to those who live in the rooms, &c., afterwards.—*The Sanitary Register.*

CANADA

MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1879.

Original Communications.

INTRODUCTORY LECTURE

Delivered at the Opening of McGill University, 1st October, 1879,

[ABSTRACT OF]

BY WILLIAM GARDNER, M.D.,

Professor of Medical Jurisprudence and Hygiene.

After having extended a hearty welcome both to those whose faces were already familiar and to those who were now seen for the first time, and having premised that the lecture would be chiefly addressed to new-comers, the Doctor spoke as follows :—

" I have first, however, gentlemen, to allude to certain changes in the teaching body of this school. The words I use most imperfectly express our feelings when I say that as a Faculty we have sustained a grievous loss by the resignation of the Chair of Chemistry so long and worthily held by Prof. Craik, and as an old student, as well as sometime colleague, of Dr. Craik, I claim the right to add my word of tribute to his merit. To those of you who have come personally in contact with him, I need not speak of the magic effect of his cheery voice, genial manners, and kindness of heart. All of you who have listened to his lectures can bear witness to his wonderful mental grasp, and to his marvellous capacity for clear and forcible presentation of his subject.

" The duties of the Chair of Chemistry will, during this session, be performed by Dr. Girdwood, and doubtless to your entire satisfaction.

" Professor Godfrey, too, has resigned the Chair of Hygiene, a step he has been compelled to take by a painful and distressing affection of the eyes, from which we all hope he may ultimately recover. The lectures on Hygiene will be given during the latter half of the session after the completion of the course in medical jurisprudence. I shall there venture to claim from you the same kind indulgence hitherto extended to me by McGill medical students.

" And now, gentlemen, I have to announce to you what this Faculty congratulate themselves is a most important step they have taken in providing the means for the practical teaching of an all-important subject. For some years the Faculty have contemplated establishing a Physiological Laboratory. To-day I am proud to announce to you that that Laboratory is an accomplished fact, and that in a very short time we hope to see it provided with all the most recent necessary apparatus. Under the able direction of my friend Professor Osler, we expect that we will profit largely by the new facilities thus afforded for the study of physiology. Moreover, we confidently hope that this very laboratory shall be the scene of many original researches by present and future students of McGill in the unexplored fields of physiology.

" The Faculty has also established a Dispensary for the Diseases of Women in connection with the Lying-in-Hospital. This institution has been in existence since last May, and the measure of success already enjoyed warrants the confident expectation that it will prove a most valuable and much-needed field for acquiring a practical knowledge of Gynæcology.

" In addressing you, gentlemen of the Freshman Class, let me say that we are by no means ignorant of the feelings which animate your breasts on this occasion. We know something of your hopes and fears, your wants and perplexities. Have we not all occupied similar positions? and I know that some of us are not yet too old to remember something of how we felt when we came as freshmen to hear the Introductory. If to any of you, then, feeling bewildered and oppressed, as may be the novice and utter stranger among you (as was, indeed, my own

case seventeen years ago when I first sat on the benches of the old Medical School in Coté Street), speaking for this Faculty, I can offer any guidance or clue, I shall reap keen satisfaction from the effort."

The Professor then continued, congratulating the matriculants upon their choice of a profession, and explaining to them what they must expect, with words of warning against too sanguine expectations if they desired to avoid disappointment. It was clearly shown that a student's first year almost invariably influenced him permanently for good, for evil, or for nonentity, and, therefore, all were urged to form at once habits of diligence and industry. The grave responsibilities of a physician's life were feelingly alluded to, and to be able to bear these, no preparation could be better than conscientious zeal in availing of all opportunities of acquiring needed knowledge during studentship.

" Enter, then, gentlemen, upon the threshold of your calling with an inward resolution to act honestly in your studies, and boldly and manfully to overcome idleness and indolence. There is only one way to attain to the necessary knowledge, and that is by steady, honest, daily, persevering work, according to the curriculum, following the guidance of your teachers. Let me caution you. Beware of allowing your tastes to lead you away, as some men are apt, through by-paths from the direct road to essential necessary knowledge. If you are ever in doubt as to the wisdom of the curriculum of this University, and sometimes students have doubts on this point, which they sometimes also express, let it suffice to reassure you when you know that it is the result of long experience, of anxious consideration, of comparison with that of other institutions, and of no little discussion on the part of this Faculty. Attend faithfully, then, all the lectures laid down for you, never, if possible, missing a single one, even if you do not understand the subject of it. You cannot, gentlemen, be too firmly impressed with the fact that punctual attendance in the lecture-room is a fundamental requisite to success. The loss of a lecture breaks the connection of the subject in your mind, your interest in it then is apt to become

impaired, and next time the temptation to miss another lecture is less easily resisted. The habit of unpunctuality, like all other bad habits, grows rapidly with indulgence, but is not easily checked: and to a medical man, a character for punctuality is all but essential to his success in life.

"I take it, gentlemen, that you all wish to distinguish yourselves as students; in order to do this you must set apart, methodically, certain portions of the day for study. Four or five hours spent daily in real study (I mean close concentration of the mind on what is before you), in addition to the time occupied in the class-room, in dissecting, and at the hospital, will be as much as is profitable to most men. Mental food, like bodily food, must be digested and assimilated; otherwise it will not become part of the mind, nor will it be available for use."

The value of a good memory was then insisted on, and this is not so much a natural gift to a few, but can be secured by most if the necessary attention be habitually given to the subject in hand, and if the memory be systematically trained and exercised. The importance of regular note-taking was alluded to as follows:

"I have spoken of attendance upon lectures; you must not only attend, but assiduously take notes. It may not be unnecessary to remind freshmen that the ledges in front of you are for the purpose of resting your note-books. If not informed of this fact, their appearance might lead you to suppose that they were intended to serve as a place whereon gentlemen might exercise their artistic faculties by carving various diverting objects and allusions with their pen-knives. We advise you assiduously to take notes of lectures, but we warn you against depending entirely on your notes in "getting up" a subject. Possess yourselves of at least one text-book on each subject, and follow in it as much as posible the lectures."

The first year student was advised, if possible, to attend the out-patient department of the Hospital, and familiarize himself with many of the slighter forms of disease there treated. The more advanced students were earnestly exhorted to give all possible time to their practical studies in the Hospital wards,

losing no opportunity for taking personal part in the examination of patients, diagnosing their complaints, dressing their wounds, &c. Whilst here engaged, kind consideration and forbearance towards the sick poor were specially desirable.

"Gentlemen, from the wards you must go to the *post-mortem* room and there see for yourselves the changes produced by disease in those cases which terminate fatally; and I congratulate you on the opportunities you will there enjoy, on the good use made of the material available. I do not think you will find there is a hospital on this continent where more is made of the available material than that in the Montreal General Hospital, in charge of my excellent friend and colleague, Prof. Osler. It is here, then, that you must correct or confirm the diagnosis made during life; familiarize yourselves with appearances and conditions of organs and tissues due to disease; learn to distinguish between appearances and conditions which are truly morbid and those which are the result simply of *post-mortem* changes. I am reminded of the importance of the latter by its relation to my own subject of forensic medicine.

"Now, gentlemen, you are to learn by personal acquaintance with morbid tissues and organs, taking every opportunity to make an autopsy yourself, and in examining, handling and feeling these objects. Do not be afraid to soil your fingers. Do not be content with looking over the shoulders of your classmates."

The value of bi-manual dexterity was pointed out, and the following plan suggested as helping in this direction:

"Those of you who do not choose to be hirsute had better shave yourselves rather than submit to the operations of the barber. There was a certain amount of sound sense in the ancient association of professions in the barber surgeon. Learn to shave with both hands equally well, an important step to being *ambi-dexter*. A capacity of delicate manipulation, combined with delicacy of touch, may make your fortune; the opposite may mar it. You are not likely to retain a patient on whom you pass the catheter with rough and heavy hand, if he has suffered the same operation at more delicate hands."

All were specially urged to join the Student's Medical Society. "We, as a profession, are the worst of public speakers. Avail, then, of every opportunity of getting on your feet. Say something,—sense if you can, but if not,—well, something. In most cases, if you begin by speaking nonsense, you will end by saying something worth listening to. There is no doubt that if we, as a profession, were capable of appearing to better advantage on the platform, our influence would be vastly increased. Then, again, with special reference to the advantages of belonging to such a society, you will never be so familiar with a disease as when you have reported a case and made yourself sufficiently familiar with the literature of the subject to withstand the criticism or take part in the discussion on it afterwards."

The institution of annual examinations was alluded to, and the hope expressed that it would be found conducive to the best interests of the student. "Examinations are the best means at our command now at college to practise the habit of thinking calmly during difficulties; and let me tell you, when you have learned to think and speak calmly in difficulties, in the midst of external pressure, you are far on your way to success in life." Some excellent advice followed with reference to the care a studious man must take of his own health, lest it desert him when most he needs it. Considering, also, the arduous character both of the study and of the practice of medicine, no one who is positively weakly or delicate should think of undertaking it, but should rather withdraw before injuring his health perhaps permanently. The address concluded with the following eloquent quotation from Sir James Paget: "Competence of living, the society of educated men, blessings from the poor, recompense with gratitude from the rich, boundless fields of intellectual exercise, access to the richest stores of knowledge to the glory of the Creator, the relief of man's estate, and daily inducements to the exercise of Christian virtues, I could wish you no greater happiness than the loving and peaceful homes you will find in these things. Let me wish them to you all. The pleasures of intellectual pursuits, I know, can hardly be attained by many of us, while the practical business of life must be laboriously

pursued by night and day, almost alone, under circumstances most discouraging; but the pleasures of virtue are within the reach of us all. And herein is, indeed, the unmatched excellence of our profession, that in its daily duties it offers to us the opportunities of the highest Christian virtues. Not one of us need go out of his daily path to find these occasions about him. Without preaching, he may teach lessons of highest wisdom. Without wealth, he may be a great alms-giver. Daily he may say with all reverence, 'Silver and gold have I none, but such as I have give I unto thee,' and what he has to give may be more than the acceptance from him of silver and gold might purchase. Thus he may live every season of his life, promoting his growth in virtue, and when he dies, his last memories may be memories of duty done—the surest way to honor among Englishmen, and, through God merciful, the surest way to heaven."

PNEUMONIA OF RIGHT LUNG, FOLLOWED BY EMBOLISM OF THE RIGHT FEMORAL ARTERY, AND GANGRENE — AMPUTATION OF THE THIGH—RECOVERY.

By John Reddy, M.D., L.R.C.S.I., Etc., Etc.
Physician to the Montreal General Hospital, &c.

[Read before the Medico-Chirurgical Society, Montreal, 19th September, 1879.]

Mr. President and Gentlemen,—I beg leave to bring before you this evening the following interesting case of Embolism following Pneumonia, reported by Mr. R. S. Ward, clerk.

History—Thomas Stirling, laborer, aged 27; Canadian by birth; unmarried; of medium size, but a well-built man.

His father died of phthisis. Remaining family history unimportant. No history of any constitutional or nervous diseases. He has never had any previous illness, excepting malarial fever, 10 years ago, while living in Arkansas. Says he has never had syphilis. His habits have been comparatively regular.

Was admitted into the Montreal General Hospital, under Dr. Reddy's care, April 4th, 1878, suffering from cough, fever, pain in the right side, and rusty expectoration.

On the 1st of April he fell asleep in the open air, and awoke shivering with cold. He slept that night in the police station, and during the night had a rigor; he also began to cough, and felt a severe stitch in the right side; was flushed and feverish next day, and expectorated rusty and viscid sputa for the first time on Wednesday morning (3rd day). He also began to suffer from dyspnœa. Pulse was 132; respiration 36; pulse R. ratio, 1-3½; temperature 104°F.

Physical Examination—A limited area of dulness (comparative only) is found at the base of the right lung. Fine crepitations are also heard over this area. Lungs otherwise appear normal. Urine, sp. gravity, 1022—high colored and acid in reaction; no albumen and no sugar. Treatment: linseed meal poultices to affected side; quinine, grs. xx.; milk diet.

April 5th.—All the symptoms continue. A small area of comparative dulness is found just beneath the scapula; fine crepitation heard here also; respiratory murmur is weak over the whole of right lung: behind, breathing is exaggerated in the left lung. Diet, milk and beef tea. Ordered

℞	Liq. ammon. acet.,	℥iii
	Tinct. aconite, B.P., gtt.,	xx
	Syrup, - - - - -	℥iss
	Aquæ ad, - - - - -	℥vi

℥iss every third hour. Continue linseed meal poultices over affected region.

April 6th.—Dulness is now observed over the whole upper lobe of the right lung, both before and behind, also broncho-vesicular breathing and fine crepitation.

April 7th.—All previous symptoms continue. Temperature 104° 1-5 F. Dulness is now more intense, and breathing more distinctly blowing in upper lobe of right lung. There is dulness and some fine crepitation in lower lobe. Patient is delirious and sleepless at night, but delirium is not violent. Ammon. carb., ℥ss, was added to the patient's mixture; also 30 grs. quinine ordered.

April 8th.—Complete consolidation of the whole lung; breathing less blowing above. Ordered 4 ozs. of port wine.

April 9th.—Symptoms are somewhat abated. Temperature now normal. Redux crepitation is heard nearly all over the lung; dulness is not so marked. A small amount of albumen was discovered in the urine. Patient felt better all the morning. About 2 p.m. he complained of cramp in the calf of the right leg, accompanied with severe pain. When examined at 3 p.m., muscles of leg seemed rigid and in a condition of tonic spasm. Feeble pulsation in femoral artery at Poupart's ligament. Leg is cold and painful to touch; great tenderness in popliteal space. The leg was ordered to be wrapped in cotton wool and heat applied, and raised on an inclined plane. Wine increased to 6 ozs.; ordered egg-nog and 2 pints of milk additional.

April 10th.—On examination this morning leg was found cold and purple up to the middle third of the thigh, the discoloration existing to within about 4 inches of Poupart's ligament, ending abruptly, and the difference of temperature above and below the line being equally well marked. Pneumonic symptoms are rapidly subsiding, and signs of resolution are most marked. Patient was delirious during the night. A hard cord can be felt just below Poupart's ligament in the line of the femoral vessels. The external iliac artery can also be felt one inch above Poupart's ligament, but no pulsation in the femoral, or pulsation in the popliteal or tibial arteries.

Mensuration—Affected leg: calf, 12¼ inch; thigh, 17½ inch.
Normal leg: calf, 11¾ inch; thigh, 16¾ inch.

April 11th.—The color of leg is deepened; desiccation of foot becoming marked. The leg is painful when moved, and common sensation is destroyed. Temperature (as shown by an ordinary clinical thermometer which would not register lower than 93°F.) at popliteal space of affected leg, 95°F.; above purple area, 97°F.

April 12th.—The lung is gradually becoming normal, and heart perfectly normal. Patient sleepless and quiet delirium at night. A trace of albumen found in urine to-day. Temperature

93°F. and 96°F. below and above the line of demarcation respectively. Ordered 4 ozs. of brandy instead of port.

April 13*th.*—Same symptoms prevail; all more marked, but color has varied, being much deepened in foot and less so in calf. Temperature of both legs by surface thermometer on anterior surface of thighs—Affected leg, 81 1-5°F.; normal leg, 96°F. Ordered 6 ozs. of brandy, 2 eggs, beef tea.

April 14*th.*—General symptoms have improved. The upper edge of the discoloration is very dark and tender to touch. The thigh above is much swollen. About 8 inches below the anterior superior spinous process of the ilium (3 inches above line), affected leg measures 19 inches; sound leg in similar position, 17 inches. Temperature by surface thermometer:

Calf of affected leg, 79½°F.; above patella, affected side, 83°F.
" normal " 92°F.; " " normal " 94°F.

Foot continues to desiccate; is now hard, dry and shrivelled.

April 15*th.*—Patient's general health improved. Leg in same condition as yesterday, except that desiccation is on the increase.

April 16*th.*—Condition same as yesterday. Affected leg, below inner ankle, 80°F.; poplitial space, 80 4-5°F.; at line of demarcation, and over the line of the femoral artery, 86°F.; 3 inches above line of demarcation, and over the artery, 96°F. Normal leg in same situation, 97°F. Affected leg measures 17¾ inches three inches above line.

April 17*th.*—Patient continues in about the same condition; desiccation of the foot is increasing, and becoming darker in color.

April 18*th.*—Patient continues comparatively well. Temperature of affected leg—Inner malleolus, 84 4-5°F.; popliteal space, 84⅓°F.; at demarcation, 87 2-5°F.; 3 inches above line, 95°F.

April 19*th.*—General health has improved. Temperature of affected leg—Inner malleolus, 83°F.; poplitial space, 86°F.; line of demarcation, 87 2-5°F.; 3 inches above line, 95 2-5°F. The calf of the leg has a boggy feel to the touch, and is becom-

ing darker in color; skin dry and shrunken; heart is normal. Complained of weakness to-day; ordered

℞ Quin. sulph., grs. xii
Acid. sulph. dil. ℈i
Tinct. nucis. vom., ʒi
Tinct. card. co., ʒss
Syrup, - - - ʒi
Aq. ad. - - - ʒvi
ʒss ter in die.

April 20th.—The leg appears darker and muscles softer; desiccation of foot now extends one inch above the malleoli. Portions of foot are almost black. Temperature—Inner ankle, 82°F.; popliteal space, 87°F.; line of demarcation, 88°F.; three inches above line, 96½F. Measurement, 17 inches; at line, 17½ inches.

April 22nd.—Temperature and pulse normal. Leg is much darker, and desiccation extends to the knee. Temperature—Ankle, 79 3-5°F.; popliteal space, 84 3-5°F.; demarcation, 86½°F.; 3 inches above line, 96 2-5°F.

April 23rd.—Patient's general health good.

April 24th.—Leg was bathed to-day in a solution of carbolic acid and then wrapped in carbolized cotton wool and covered over with antiseptic bandage, under the antiseptic method.

April 27th.—Antiseptic bandage became displaced during the night, having slipped down as low as the line of demarcation. It was rewrapped as before.

April 29th, 9 a.m.—Lungs and heart were examined this morning. Respiratory movements are still less marked in the right lung. Slight dulness in the clavicular and infra-clavicular regions. Respiration is also a little weaker in this lung. Heart normal. Abdominal aorta and general vascular system examined to-day. There exists no suspicion of aneurism. Urine, sp. gr. 1020; acid reaction; no albumen.

1 p.m.—The attending physician, Dr. Reddy, assisted by Dr. Roddick, amputated the thigh under Lister's antiseptic method by the circular operation, at the junction of the middle with the

upper third of the thigh. The femoral artery was found plugged above the line of demarcation. Signs of fatty degeneration were apparent in the anterior muscles of the thigh. Very few collateral vessels found, and those of small size. Chloroform was used for the operation; hemorrhage almost nil.

7 p.m.—Patient was given a hypodermic injection of morphia. He is doing well.

April 30th.—Patient had rather a restless night. At noon to-day he was slightly delirious. Leg was dressed antiseptically and is looking well; ordered

℞ Bot. Bromid., - - ℥iii
Syrup, - - - - ℥i
Aq. ad. - - - - ℥vi
℥ss 4, q, h.

May 1st.—Patient continued delirious till midnight; was then given a hypodermic of $\frac{1}{3}$ gr. of morphia, and then slept till morning. Leg dressed antiseptically, and is doing well. Occasional intermissions in the heart's action were noticed by Dr. Bell, House Surgeon.

May 2nd.—Patient given a hypodermic of morphia last night and slept well. Heart's action normal to-day; no intermissions noticed since.

May 4th.—Leg was dressed to-day and looks well. Patient complains of piles; suppository ordered.

℞ Pulv. opii, gr. $\frac{1}{2}$
Ext. Bellad. gr. $\frac{1}{4}$—in each suppository.

Ordered Pulv. Glycyrrhizæ co. ℥i statim.

May 5th.—Patient having been given an enema, the bowels operated this morning, not having operated since April 27th.

May 6th.—The leg was dressed to-day and looks well.

May 7th.—The patient was ordered the following ointment, as his hemorrhoids were troublesome:

℞ Pulv. opii, - - - gr. xx
Liq. plumb. acet. - ℥ii
Vaseline, - - - ℥i

May 8th.—On opening antiseptic bandage, signs of putre-

faction were evident. Pus of a putrescent character escaped, and a small slough was removed from the inner angle of the flap. The incision where slough existed was injected with a xx gr. solution of chloride of zinc, and was afterwards washed with the carbolic solution. The end of the bone protruded to almost a level with the flaps in consequence of the muscles retracting to an unusual extent. In consequence, some of the catgut ligatures burst away. The flaps were brought together with adhesive plaster, and the wound dressed with salicylic cream; and the dressing was done under the antiseptic method.

May 10*th.*—Stump dressed as yesterday, and doing well. Ordered a dose of Ol. Ricini, as bowels had not acted for five days; also

R	Quin. sulph.,	- -	grs. xxiv
	Acid. sulph. dil.,	-	℥ii
	Tinct. calumb.,	-	℥iss
	Aq. ad.	- - -	℥vi ℥ss ter in die.

Heart's action excited to-day.

May 11*th.*—Stump dressed; granulations are forming from the bottom of the wound.

May 12*th.*—Stump dressed; small slough was removed from the inner angle of the flap. Patient ordered a chop.

May 14*th.*—The wound was injected with a 7½ gr. solution of chloride of zinc, and treated as usual. Granulations continue to spring from the bottom. Was ordered 1 pint of porter instead of the 6 ozs. of brandy.

May 16*th.*—Stump dressed as usual; very marked improvement in the appearance of the wound; granulations fast filling up the wound. A small portion of bone, however, seems to be exfoliating.

May 20*th.*—Stump dressed to-day for the first time without the carbolic spray. The wound was injected with a weak solution of chloride of zinc and then washed with the carbolic solution, wrapped in boracic lint, and covered with oiled silk.

May 23*rd.*—Patient feels well. Thigh dressed as usual with the boracic lint, etc.

June 3rd.—Stump has been dressed daily since last report. Edges of the wound have almost united, and the bone which appeared to be exfoliating is covered with newly-formed healthy granulations. Patient was dressed to-day and sat up for half-an-hour in an invalid chair. Ordered 4 ozs. of port wine instead of the porter.

June 8th.—Stump has been dressed daily since last report. Patient is much stronger; sits up from two to three hours every day, and wheels himself around the wards in his chair. Stump almost healed.

June 30th.—For the last fortnight patient has been walking around the ward on crutches. Stump perfectly healed and looking well.

Pulse.

During the course of the attack the pulse varied as follows:

I. *Pneumonia.*—From 132 beats at the commencement of the attack to 80 at the close.

II. *Embolism.*—On the day the embolism set in the pulse was 86 per minute; second day, 92; third day, 102; fourth day, 112. From this date the pulse became gradually normal.

III. *Operation.*—On the day of the operation the pulse was 80; on the following day, 120; third day, 116; and from this date gradually became normal.

Temperature.

The temperature varied as follows:

I. *Pneumonia.*—The maximum temperature reached was 104°F.; this gradually became normal.

II. *Embolism.*—On the day the embolism occurred the temperature was 101°F., but on no subsequent occasion did it register more than 100½F.

III. *Operation.*—On the morning of the operation the temperature was 98¼°F.; the following morning it reached 100¼°F. From the third day it rapidly became normal.

April, 1879.—A year having elapsed since the operation, an opportunity presented itself for examining the patient again.

Lungs and heart normal, and he is in robust health. Stump is perfectly healthy.

The possible source of the embolism in the foregoing case may have been—

Firstly, Thrombosis having occurred in a pulmonary vein in the inflamed area of lung, detachment of a portion of the thrombus passing into left auricle, thence into ventricle, and carried down into right femoral.

Secondly, General weakening of the circulation and formation of a small clot in left auricular appendix, detachment of a portion of the thrombus, and its being carried to right femoral. The suddenness of the seizure would, in my opinion, be against the thrombosis having occurred in the artery itself, leading to the conclusion that the first cause stated may have been the most probable. The occurrence of embolism is most frequently associated with disease of the heart and blood vessels, often, however, following operations, and occasionally after child-birth. It generally interferes with the great nerve centres, and produces the usual symptoms of such interference—hemiplegia and aphasia, etc. The above case is one, I think, of more than usual interest, inasmuch as I am unable to find a similar one on record. The interesting facts connected with the case were the age of the patient and the entire absence of disease of the heart or blood vessels. Professor Chiarry, Pathologist to the General Hospital, Vienna, kindly made a diligent search for me in the pathological records of the Hospital from 1877 to this date, and could find no similar case ; and out of an experience extending over many years, averaging 30 *post-mortems* a day, cannot recollect a similar case. I have also to thank my friends, Drs. Howard and Fenwick, for their kind assistance in searching up the matter, but with no better results.

Reviews and Notices of Books.

The Summer and its Diseases.—By JAMES C. WILSON, M.D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, and Lecturer on Physical Diagnosis in the Jefferson Medical College. 12mo., pp. 160. Philadelphia: Lindsay & Blakiston.

Eyesight and how to Care for it.—By GEO. C. HARLAN, M.D., Surgeon to the Wills' Eye Hospital, &c. 12mo., pp. 134. Philadelphia: Lindsay & Blakiston.

The above are two more of the series of American Health Primers. The first deals with the very important matter, in this country at any rate, of the diseases which prevail during the hot months, and are more or less dependent upon continued elevation of the general temperature. It contains some explanations of the manner in which prolonged or excessive heat acts upon the human organism, and what diseases result therefrom, together with practical directions for avoiding these deleterious effects as much as possible. The headings of its chapters from which its scope may be judged of are as follows: The Summer—Summer and Heat Fever—Summer Diarrhœa and Dysentery—Cholera-Infantum—Summer and Autumnal Fevers—Summer Colds and Hay Asthma—the Skin in Summer and its Diseases. Containing much that is purely medical, it is still written in a pleasant, untechnical style, which commends it to all readers, lay or professional.

The little book on preservation of the Eyesight is also composed in much the same manner. It first gives an outline of the anatomy of the eye and the physiology of vision, touches on the ophthalmoscope, describes shortly the principal injuries and diseases of the eye, and concludes with chapters on optical defects and spectacles, including practical suggestions for the care of the eyes. It goes upon the principle that prevention is far preferable to cure, and, therefore, dwells more particularly upon the means that can be taken to prevent the occurrence of

eye troubles, although the causing of them, if unhappily present, is by no means neglected. No doubt, with the eyes, as with all one's organs, a little knowledge, instead of being "a dangerous thing," is often the means of putting a person on his guard, causing him either to seek good advice in proper season, or himself to take measures for arresting the threatened mischief. This work is a safe guide to recommend for general use.

The Student's Guide to the Diseases of Women.—By ALFRED LEWIS GALABIN, M.A., M.D., F.R.C.P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital; Examiner in Physiology and in Obstetric Medicine to the University of Cambridge, &c. With sixty-three illustrations. 8vo., pp. 370. Philadelphia: Lindsay & Blakiston.

This is a volume of handy dimensions, intended principally for the use of Gynæcological students. It contains short and clear descriptions of all the diseases of the female generative organs—their etiology, pathology, diagnosis and treatment. Such an extensive branch of medicine has this department now become that it is by no means an easy task to condense even its outlines into the modest dimensions of such a work; but by judicious management, and especially the exclusion of a good deal that is found in most of the larger treatises on surgery, this has been very successfully accomplished. Nothing of real importance is omitted, and by careful condensation of the matter in hand, the student is here put in possession of all the main facts and features of the various disorders treated of. Without particularizing further, we might say that the section on displacements of the uterus seems to us specially good. The student is not puzzled by finding a multiplicity of different ways described for treating each displacement, but the mechanism of each having been pointed out, a few only of the best forms of support, &c., are indicated. Here, also, there is a good deal that is original, containing some peculiar forms of pessary, which the author considers to present special advantages. Although mainly meant for students' use, yet the directions for treatment are

throughout sufficiently full to be of service to the practitioner. The illustrations are tolerably numerous, are clear, and constitute not the least valuable portion of the work. The typographical part is excellent, quite up to the standard of the well-known publishers who have brought it from the press.

A Clinical Treatise on the Diseases of the Nervous System.— By M. ROSENTHAL, Professor of Diseases of the Nervous System at Vienna. With a preface by Professor Charcot. Translated and revised from the author's revised and enlarged edition. By L. Putzel, M.D., Physician to the class for Nervous Diseases, Bellevue Hospital out-door department, and Pathologist to the Lunatic Asylum, B.I. 2 vols. 8vo. New York: Wm. Wood & Co.

In these two volumes, which are a continuation of Wood & Co.'s Library of Standard Medical Authors, the subscribers are presented with the complete work of Prof. Rosenthal on Nervous Diseases. The short preface by Prof. Charcot, which is published with it, is valuable as showing the high opinion entertained by that eminent neuropathist of the usefulness and importance of the present treatise. He says: "The subject could hardly have been arranged more harmoniously, nor could the pathological descriptions appear in more vivid and striking colors; and it would be difficult to push further than has been done in this work, the constant habit of examining questions from all points of view. This is not done by departing from the clinical spirit, but by appealing to information furnished by experiments upon animals, when they are legitimately applicable to man: or, still further, by invoking at each step the revelations of pathological anatomy."

We are accustomed to look in these German books for a maximum of pathology and a minimum of symptomatology and treatment, but the latter here receive their full share of attention, making the chapters by so much the more useful and interesting to the general medical reader and practitioner. Prof. Rosenthal is one of those who has given much study to the treatment of nervous disease by electricity and by hydro-therapeutics. It is

now so fully admitted by the most competent specialists that we have probably in these two agencies the most powerful known means of influencing organic and functional changes in the nervous system, that it is very necessary to have a knowledge of the results obtained by them where the experiments have been extensive.

In the two volumes will be found the entire range of nervous disorders, both organic and functional, systematically arranged. No better selection could have been made by the publishers, and it will no doubt be received as a welcome addition by those who are taking the Medical Library.

Analysis of the Urine, with special reference to the Diseases of the Genito-Urinary Organs.—By K. B. HOFMANN, Professor in the University of Gratz, and R. ULTZMANN, Docent in the University of Vienna. Translated by T. Barton Brune, A.M., M.D., Resident Physician Maryland University Hospital, and H. Holbrook Curtis, Ph.B. 8vo., pp. 270. New York: D. Appleton & Co.

After all the manuals of urinary analysis that are to be had, there still seems room enough for others dealing more or less with the same subject. We have looked carefully through this book, and are prepared to say that it will be found a work of real, practical, live interest and value to general practitioners of medicine. From its title some might be led to conclude that it was concerned only with the chemistry of the urinary secretion and the methods of chemical analysis, and would thus, perhaps, feel inclined to relegate it to the domain of the chemist as a specialist. But this is by no means the case. It treats fully of the means to be taken for ascertaining the important ingredients of any urine, organic and inorganic, but does not go into the refinement of the more difficult and less generally useful chemical manipulations. The directions here given, and the explanations offered, are remarkably clear, concise and readily followed. And in all cases those tests are preferred and illustrated which are the quickest, performed with least apparatus, and therefore most valuable to the actual practitioner. The first

two chapters contain a brief, plain summary of our present knowledge of the histology of the renal organs and the physiology of their excretion. The third is a complete description of the chemical composition of healthy and diseased urine. The next is on re-agents and apparatus. The fifth gives the means for the quantitative determination of a few of the constituents of urine, comprising, of course, the most important ones from the standpoint of practical medicine—Urea, Uric Acid, Albumen, Sugar, &c. The last three chapters then deal with the determination of the nature of the disease any patient may be suffering from, as far as that can be done by a critical examination of the urine. These chapters are headed respectively—Key to the approximative Analysis of the Urine—General Diagnosis—and Diagnosis of the Diseases of the Urinary Apparatus. In these the bearings of all the characteristics of different specimens of urine are brought together—chemical, physical and microscopical—and made to constitute a series of "symptom-pictures," well drawn and admirably calculated to impress the memory of the reader with the salient features of the chief urinary diseases. These chapters are highly instructive if only read, and at the same time are specially constructed to be useful for reference. It is certainly one of the best and most satisfactorily arranged works of the kind with which we are acquainted.

Laboratory Teaching: or, Progressive Exercises in Practical Chemistry.—By CHARLES LOUDON BLOXAM, Professor of Chemistry in King's College, London, in the department of Artillery Studies, Woolwich, and in the Royal Military Academy, Woolwich. Fourth edition, with eighty-nine illustrations. Philadelphia: Lindsay & Blakiston.

The study of practical chemistry is now very properly made a compulsory subject at all our most advanced medical schools. Small and convenient hand-books for the laboratory such as this will always be in request. To the beginner even, it is sufficient, for it contains directions applicable to the very first attempts at chemical manipulation. From this beginning the student is

gradually led forward up to the performance of analysis of very complicated substances. It dispenses with the use of all costly apparatus and chemicals, and is divided into separate exercises or lessons, with examples for practice, to facilitate the instruction of large classes. Along with these are useful tables for the analysis of unknown substances of all kinds which are known to be single substances, and also for the detection of unknown substances with the aid of the blow-pipe. The book appears to have been most carefully prepared, and is carried out upon the system which the author has found most effective after many years teaching of Practical Chemistry. We highly recommend it to students and those engaged in teaching chemical manipulation and analysis.

The Multum in Parvo Reference and Dose Book.—By C. HENRI LEONARD, M.A., M.D. Detroit.

A small, handy, pocket-companion, containing a great multitude of things which every physician often wants to refer to and cannot be quite sure of always keeping in his head. It contains alphabetical lists of all the more recent drugs and their preparations, together with the doses in which they may be used. Short rules are given for the conversion of the common weights and measures into their metric equivalents. By frequent reference to the tables here given, familiarity with the metric system could soon be gained. Here will also be found lists of poisons and antidotes, urinary tests, obstetric memoranda, and a number of small items of practical hints.

Memoranda of Poisons.—By THOS. HAWKES TANNER, M.D., F.L.S. Fourth American from the last London enlarged and revised edition. Philadelphia: Lindsay & Blakiston.

It is only necessary to say that this popular little *vade mecum* of poisoning emergencies has required another edition. It contains all the facts about poisons and poisoning that it is necessary to have in one's mind, or to get hold of as rapidly as possible, compressed into as small a space as is compatible with completeness for such a large subject. The appendix contains an article

on bites of venomous reptiles and rabid animals, and on bee-stings; also a useful list of the important powerful pharmacopœial drugs, with the amount of each that is contained in the officinal preparations. Tanner's memoranda continues to be the best book of the kind, and by undergoing occasional revision, is always found up to the requirements of the day.

Books and Pamphlets Received.

Student's Pocket Medical Lexicon, with an Appendix. By Elias Longley. Philadelphia: Lindsay & Blakiston.

Real-Encyclopadie der Gesammten Heilkunde, Medicinisch-Chirurgisches Handworterbuch fur praktische Aerzte. Herausgegeben von Dr. Albert Eulenberg, Ord. Professor an der Universitat Griefswald. Wien: Urban & Schwarzenberg.

Photographic Illustrations of Skin Disease. By George Henry Fox, M.A. Parts III. and IV. New York: E. B. Treat, 805 Broadway.

The National Dispensatory, containing the Natural History, Chemistry, Pharmacy, Action and Uses of Medicines. By Alfred Stillé, M.D., LL.D., and John M. Maisch, Phar.D. Second edition. Philadelphia: Henry C. Lea.

Diseases of Women. By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women, &c. Second edition; thoroughly revised and enlarged, specially prepared for "Wood's Library." New York: William Wood & Co.

Yellow Fever: a Nautical Disease. Its Origin and Prevention. By John Gamgee. New York: D. Appleton & Co.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The annual meeting of this Society was held on 3rd October. There was a large attendance of members, and the proceedings were of considerable interest.

Dr. Major presented the report of a case of malignant disease of the upper part of the larynx. Some difficulty had arisen in the way of diagnosing this from syphilitic disease. There was dysphagia, and a tumor with unhealthy surface could be seen

and felt at the level of the epiglottis. The patient died of exhaustion and starvation. The parts removed had been photographed, and were exhibited at the meeting.

Dr. Osler showed the organs of a boy who had died of poisoning by corrosive sublimate. There had been symptoms of irritant poisoning, followed by diphtheritic exudation in the throat, suppression of urine, and great prostration, the lad dying insensible after 10 days.

The *President* (Dr. Henry Howard) then read a short address on his retirement from office. He congratulated the Society upon the good work which had been done during the past year. The following is a list of the papers read and subjects discussed: Dr. Hingston, "Inflamed Joints"; Dr. Roddick, "Cases treated by the Thermo-cautère"; Dr. Ross, "Acute Spinal Paralysis"; Dr. Trenholme, "On the Hodge Pessary in Retroflected Uterus"; Dr. Hingston, "Excision of the Shoulder"; Dr. Kennedy, "Extra-Uterine Gestation"; Dr. Bessey, "Animal Vaccination"; Dr. Buller, "Eserine"; Dr. McConnell, "Ichthyosis Hystrix"; Dr. Henry Howard, "Responsibility and Irresponsibility in Crime and Insanity"; Dr. Osler, "Two Cases of Rare Kidney Tumor"; Dr. Alloway, "Trachæotomy in Laryngeal Diphtheria"; Dr. Oakley, "Pneumonia"; Dr. F. W. Campbell, "Whooping Cough treated by Quinine"; Dr. Henry Howard, "Some Practical Remarks on the General Treatment of the Insane"; Dr. A. L. Smith, "Chorea"; Dr. Rodger, "Softening of the Brain"; Dr. R. L. Macdonnell, "Three Cases of Malignant Disease"; Dr. Hingston, "Sewer Poisoning"; Dr. Osler, "Demonstrations of the Medical Anatomy of the Brain"; Dr. Finnie, "Chronic Ulcer of the Stomach"; Dr. Reddy, "Pneumonia, followed by Embolism of the Right Femoral."

The election of officers was then proceeded with for the ensuing year, with the results already announced in the last number of the *Journal*.

The regular meeting of this Society was held on October 17th. The President, Dr. R. P. Howard, in the chair.

Dr. Osler exhibited as pathological specimens :—

1st. Striated Myo Sarcoma of a kidney in a child of 3¼ years of age, in the practice of Dr. Finnie. It had been considered a case of abscess. Death took place suddenly from cardiac embolism. Malignant growths in the kidney are comparatively rare, but in children occur with comparative frequency. The tumors are usually soft, and, rapidly growing, present a greyish-white pulpy tissue, like softened brain matter. They sometimes form large abdominal tumors, and with cancer of the retro-peritoneal glands, constitute the great majority of abdominal new growths in children. Tumors containing striped muscular fibre are a curiosity, only some 20 cases being on record.

2nd case was one of cirrhosis of the liver, with thrombosis of the portal vein, in a man aged 62, an old soldier; history of drinking habits. Illness began in June with dropsical symptoms. He took a voyage from Newfoundland (his home) to Montreal, and died two days after admission to the Hospital here. The liver was remarkably cirrhotic; the portal vein had thick walls, which being slit up, showed a soft brown thrombus occupying the upper part.

3rd. Perforation of the intestine in typhoid fever. Patient died on the 50th day of the disease. The patient, aged 19, admitted on 2nd of September and ninth day of fever: temperature 104°. Until 16th day moderate fever; constitutional symptoms slight. From the 18th to the 27th day temperature was normal. A relapse occurred on the 31st day, and temperature reached 104°; no diarrhœa. On the 42nd day there was hæmorrhage from the bowels, tenderness of the abdomen, tympanitis, and great exhaustion. Another slight hæmorrhage on the 48th day; vomiting the last few days, and death on the 50th. The lower part of the ilium had three ulcers, one about the size of a sixpence.

Dr. Shepherd presented a skull having only one parietal bone. The skull was much longer and narrower than usual. He also showed ossified pubic bones from another subject.

Dr. Roddick presented a highly interesting case of favus to the Society. The patient was under his care in the Montreal

General Hospital—a female child, aged 10, who had resided in a low, unhealthy, secluded part of the city, and was badly nourished. The disease was well marked on the head, and distributed generally over the entire body. The father had been deaf and dumb from birth; the mother had had pneumonia five times, had given birth to ten children, the entire family being unhealthy, and all of them had had head eruptions. A remarkably fine painting of this case was also shown to the Society.

Dr. Roddick also presented a drawing of a case of Meningocele which had been off and on under his treatment in the Hospital. It was diminished from its original size of a small lemon to the size of a walnut. The child subsequently died, not being properly nourished at home, its mother being ill.

Dr. Ross then read a paper on "A case of deep-rooted Thoracic Aneurism," where the diagnosis had been much assisted by the pulsation felt upon traction on the trachea.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Present State of Therapeutics.—The following extract from an address on this subject by Dr. Roberts Bartholow at the recent opening at Jefferson Medical School is deserving of attention:—

"It is a mere pseudo-science which is misleading so many that it has become commonplace to know something about drugs and to prescribe them; the new school of pathologists and physiologists look upon the whole business of medicine giving as unscientific, and therefore unworthy of the attention of the higher order of medical thinkers. It is a very fascinating doctrine, that to be ignorant of drugs is to be regarded as superior to the commonplace—as being in the higher walks of medical life—and hence many make haste to adopt it, relying for the hereafter on mint-water in the treatment of rheumatism,

and similar nihilistic absurdities. The great question of the time is, does it pay? Applying this utilitarian method to the subject, I answer, it does not pay to be ignorant of therapeutics, and I prove my position by some illustrative examples selected from those recently deceased, so as not to be accused of making invidious comparison. The most successful physicians Paris, Vienna, Berlin, London, Edinburgh have had for a generation, were Trousseau, Oppolzer, Traube, Todd, Begbie—all of whom wore most careful students of therapeutics, have contributed to our knowledge of the subject, and were diligent prescribers of remedies. These great men were not only successful teachers and clinicians, but had great local renown as practitioners, and each had a large *clientèle*. I beg you will not, therefore, be misled by the depreciation of therapeutics by presumed medical scientists, who are not sufficiently scientific to feel their position assured, but must manifest their superiority by speaking contemptuously of the so-called practical branches. *Sum* is sometimes taken for *habeo*, is an eccentric rule of Latin grammar which is very applicable to the affairs of modern life, and may have been and doubtless was, strongly felt by the old Romans. To have is to be. Applying this rule to the utilitarian side of the question you may be well assured that *to have* a competent knowledge of therapeutics is *to be* a successful practitioner.

"Many who have started out on a medical career with a competent knowledge of therapeutics have been disheartened by a failure to obtain the expected results. Failures of this kind arise from two causes: first, from an incorrect appreciation of what nature and art respectively accomplish; and second, from an inability to make a correct therapeutical diagnosis. The rage in our time is to make an accurate diagnosis of disease, and it is an enthusiasm to be encouraged, but there ought to be a corresponding desire to make an accurate therapeutical diagnosis—that is, to ascertain the remedy adapted to the form and character of the disease and the condition of the patient. Into this problem many complex questions enter, and he only can solve it correctly who has an intimate acquaintance with the

phenomena of disease, and with the whole range of rational and scientific therapeutics.

"What art, what nature can accomplish, is a wide subject which I must merely mention. It is a singular fact that but few young physicians, comparatively, recognize the limits of remedial power. The result is that they may begin with a blind, unquestioning faith, but they end with an unreasoning scepticism."—*New York Medical Record.*

A simple method of Delivery in difficult Breech Cases.—By Dr. Chas. E. Underhill, Edinburgh.—Obstetricians not unfrequently meet with cases where the presenting breech is fixed either at the brim or low down in the pelvis, and where the natural forces are unable to finish the labour. Almost all writers on the subject recommend either to bring down one foot, or, failing that, to insert one or more fingers in the groin and employ traction. Should this not succeed, the use of the blunt hook, or of a handkerchief passed over the fold of the groin, or some such device, is resorted to before delivery can be effected. These manœuvres are generally difficult, and sometimes dangerous to the child.

In the following case I adopted a method which is very simple, and proved easy of application and rapidly successful. It consisted essentially in making traction with the fingers fixed upon the child's pelvis *from behind*, instead of hooking them in the fold of the groin; additional purchase is obtained by placing the thumb and fourth finger in the groin:

On the 25th of February last I was called by a friend to assist him in delivering a case in which the breech presented and had stuck at the outlet of the pelvis. He had tried with much perseverance, but without success, to pull down the breech by the use of his fingers in the groins, and pressure upon the uterus from above, etc. On reaching the house, I found the patient, a vigorous healthy woman, in labour with her second child; labour had made good progress until the breech reached the outlet of the pelvis, where it had remained without advance for three or four hours, in spite of the attempts to deliver spoken

of above. Protruding from the vagina was the scrotum of the child, greatly swollen and nearly black. The vagina was large, and the pelvis apparently of full size. The child's sacrum was opposite to the right sacro-iliac synchondrosis of the mother, the child's legs being bent upon the belly opposite the mother's left groin. After chloroform had been given, I passed my left hand up behind the child's sacrum until I was able to hook the index and second fingers over the crests of the ilium from behind, one on each side of the lumbar vertebræ; this gave me a strong and firm hold, and enabled me to use a little steady traction and to deliver in a few minutes. The child was alive and survived, the swelling of the scrotum subsiding in a few days. The mother made a good recovery.

I believe this method of delivery will be found applicable to many cases of impacted breech; and it has the advantages of being easy to execute, rapidly accomplished, and free from danger. I do not know whether this mode of delivery has been practised before; but it is certainly worth a trial in such cases as the foregoing, before recourse is had to instruments or other more serious procedures.—*Brit. Med. Journal, Oct.* 11, 1879.

The use of Hot Water in Hemorrhage FOLLOWING THE EMPLOYMENT OF ESMARCH'S BANDAGE.—Dr. Paul Brown, in the August number of the Philadelphia *Medical Times*, reports a case of capillary hemorrhage following the use of Esmarch's bandage for an amputation of the forearm, which bleeding was stopped instantaneously by syringing the parts with hot water (160° Fahr.) His attention was called to the hot water treatment by Dr. Fordyce Barker's article on the treatment of uterine hemorrhage in that way. The patient had three months previously had his carpus resected by Lister's operation on account of necrosis, and after the operation a very troublesome parenchymatous hemorrhage occurred, which lasted for nearly two hours. It is of interest to know that the patient had a marked hemorrhagic diathesis. That the hot water did no injury to the parts, and did not retard the cure, is demonstrated by the fact that in twelve days from the time of operation, the

parts had completely united, and a cicatrix had formed. Dr. Brown thinks that the hemorrhage following the use of Esmarch's bandage probably results from paralysis of the vasomotor nerves, produced by the pressure of the tense rubber, and that the hot water acts as a powerful stimulant to these nerves, so that they produce a contraction of the arterioles, thus stopping the hemorrhage. Water of a temperature less than 150° Fahr. should never be used. Warm water is worse than useless.—*Buffalo Med. & Surg. Journal.*

The Mutual Autopsy Society of Paris.—Henry M. Lyman, M.D., of Chicago, writes to the *Medical Journal and Examiner* of that city:—

"Considerable amusement was excited, a few years ago, by the announcement that a society for mutual autopsy had been formed among the savants of Paris, with a view to advancing knowledge of the structure and physiology of the brain by a correlation of intellectual characteristics with *post mortem* appearances. The whole thing was generally regarded as a scientific joke of more than ordinary magnitude. But the society appears to have been a genuine fact, and one of its members, M. Asseline, having recently deceased, his brain was carefully examined by his surviving associates, who made a full report of the result to the Anthropological Society of Paris. The following account of the matter is found in *Nature*, Aug. 14, 1879, p. 377: 'M. Asseline died in 1878, at the age of 49. He was a republican and a materialist; was possessed of enormous capacity for work, great faculty of mental assimilation, and an extraordinarily retentive memory; and had a gentle, benevolent disposition, keen susceptibilities, refined taste, and subtle wit. As a writer he had always displayed great learning, unusual force of style and elegance of diction, and in his intercourse with others he had been unassuming, sensitive, and even timid. Yet the autopsy showed such coarseness and thickness of the convolutions that M. Broca pronounced them to be characteristic of an inferior brain. The fossa or depressions, regarded by Gratiolet as a simian character, and as a sign of cerebral in-

feriority, which are often found in women and in some men of undoubted intellectual inferiority, were very much marked, especially on the left parieto-occipital. But the cranial bones were at some points so thin as to be translucent; the cerebral depressions were deeply marked, the frontal suture was not wholly ossified, a decided degree of asymmetry was manifested in the greater prominence of the right frontal, while, moreover, the brain weighed 1,468 grammes—*i.e.*, about 60 grains above the average given by M. Broca for M. Asseline's age. The apparent contradictions between the weight of the brain and the marked character of the parieto-occipital depressions attracted much attention, and the members of the Société d'Anthropologie have been earnestly invited by M. Hovelacque, in furtherance of science, to join the Société d'Autopsie, to which anthropology is already indebted for many highly important observations. This society is forming a collection of photographs of its members, which are taken in accordance with certain fixed rules.' " —*Michigan Medical News.*

Pulmonary Tubercle.—Pofessor Pétér thus concludes a long series of papers (*Bull. Générale de Therap.*) on pulmonary tuberculosis:

1. The *chronic* is much the most common form of the affection.

2. Of the chronic forms the most common, fortunately, is the *apyretic.*

3. Some chronic cases are at times distinctly *febrile*, with more or less prolonged periods of remission.

4. In another variety of tubercular disease of the lung the fever is *continuous*, presenting no period of remission.

5. The pyretic form of the affection may be *primary* or may *succeed* the apyretic variety; in the latter case the disease is decidedly less dangerous than when it is febrile from the outset.

6. Galloping phthisis and acute phthisis are perfectly uncontrollable by any of the therapeutical measures at our command.

7. Of the four chief varieties mentioned, the first two are more common in private practice than in hospital. In these,

which are to some extent amenable to treatment, the double aim which must always be kept before our minds is to *attend carefully to the digestive organs* and to *combat the febrile symptoms*.

8. Tubercle, indeed, and this is no paradox, shows a natural tendency to cure—(1) by softening and expulsion, a process which does some damage to the lung by producing excavation, but which may safely end in cicatrization; (2) by fibroid degeneration of the affected part; (3) by calcification.

9. It is stated above that tubercle may be cured; it would be nearer the truth to say that its evolution is arrested, that it ceases to exist, that it *dies*.

10. The grand problem, therefore, in the treatment of the tuberculous, is to *enable the patient to outlive his tubercles*, a problem which, in a great many cases, is certainly not insoluble. —*Glasgow Medical Journal*, September, 1879.

On the Indications and Counterindications for Operations IN INDIVIDUALS SUFFERING FROM CONSTITUTIONAL DISEASES.—At the fourth general meeting of the Congress, Professor Verneuil spoke at length on the pathological importance of this question. His communication may be shortly summarised as follows:

1. Surgical operations are not formally counterindicated in individuals who are affected with constitutional diseases. They may be performed under such circumstances, are often useful, and in some cases even very necessary.

2. Their prognosis is much more serious than in healthy individuals. It is less certain, and more difficult to make: for we have no clue whatever as to the favorable or deleterious effect that the traumatic lesion may have on the general health of the patient; neither can we judge in what way the disease will affect the local process of healing.

3. The prognosis varies according to the different constitutional diseases, and for each of them considered individually. It varies also according to the degree of the alterations that have taken place in the different parts of the body.

4. The danger attached to the diathesis is not great as long

as it is still confined within the boundaries of dyscrasia. It increases considerably with the manifestation of chemical and histological lesions. It becomes alarming when the principal viscera —such as the liver, kidneys, spleen, heart, lungs—are extensively affected by sclerosis, steatosis, amyloid degeneration, phlogosis ; or when they present pathological products that belong specially to certain diathetic conditions—*e.g.*, tubercles, gummata, carcinomata, and various neoplasms.

5. We are not justified in depriving diathetic individuals of the benefit of surgical intervention, even in cases where it might be dangerous. It must be the aim of the practitioner to render the prognosis less serious, and to assure the success of the operation. He will succeed in doing this if he be very careful about choosing the most favorable moment for the operation, adopting the best method for performing it, and applying the most efficient dressing. He will also do well in putting the patient under a hygienic, dietetic, pharmaceutic treatment—in a word, under a medical treatment which is adapted to the constitutional disease.

6. The practitioner must be thoroughly well acquainted with the etiology, pathology, development, the end, and the medical treatment of constitutional diseases, in order to make sure of the indications or counterindications for the operation. In this way he will be better able to judge whether he had better perform the operation or not, and to calculate with more or less precision what the chances may be. A knowledge of these conditions, which perhaps all surgeons do not possess to a sufficient degree, would tend rather to prevent surgical operations than to encourage them, and would inspire the operator with a higher degree of confidence in the efforts of nature supported by a comparatively mild therapeutic treatment.

7. A conscientious examination of the immediate or future effect of operations performed on individuals under some constitional diathesis will tend to destroy many of our illusions respecting the power of surgical art. It is sad to say, though we must say the truth, that complete and lasting favorable results are very rare. No doubt there may be many successful operations ; but the therapeutic results may be far from successful. A mani-

festation of the diathesis or some intercurrent affection may be suppressed; but frequently the constitutional disease increases in force and rapidity. Many patients suffering from cancer and scrofula would live longer if they had remained under medical treatment, instead of passing through the hands of surgeons.

8. It is only just to add that, although the aforesaid operations are more frequently attended by palliative than by curative results, nevertheless they are sometimes extremely useful. In extreme cases they may prolong life, render it less hard to bear, and give the patient at least a gleam of hope. In less serious cases, and where the constitutional disease may be successfully treated, the operation has a good effect upon the treatment, by allowing the medical man to gain time, suppressing an immediate cause of danger, and giving the therapeutic treatment greater scope.—*Brit. Med. Journal.*

A rare form of Diphtheritic Paralysis.—Dr. Dahlerup describes (*Ugeskrift for Läger*, 3rd series, vol. xxvi) the case of a boy aged 12, who, ten or twelve days after recovering from an attack of diphtheritic angina, was seized with difficulty of breathing, which increased to severe dyspnœa at the end of fourteen days. On examination, there was found to be orthopnœa, cyanosis, œdema of the feet, and moderate œdema of the lungs. The heart-beat was somewhat quickened, irregular, and very weak; the area of cardiac dulness was not increased. The heart-sounds were distinct. The pulse was rather feeble. The urine contained a large quantity of albumen. Under the use of digitalis and stimulants, there was slight improvement at the end of a week; the dyspnœa then increased, as did also the œdema of the extremities and lungs; and the patient became collapsed, and died. The temperature at no time of this illness rose above 98.6° Fahr. Dr. Dahlerup believes the case to have been one of progressive diphtheritic paralysis of the heart.—*Brit. Med. Journal.*

The Fat Secreted by the Liver.—According to Dr. Neumann, the liver furnishes a variety of fat which is distinguished from others by the rapidity with which it oxidizes

to serve for nutritive purposes. This fat, like glycogenic substances, is the result of the transformation of albuminoids. The production of fat is comparable to that which occurs in the mammary gland, and is a true secretion. Its activity is in an inverse ratio to the oxidations which take place in the organism. Everything which tends to limit these oxidations promotes the production of fat in the liver (pulmonary lesions, debilitating influences, anemia, and cachexia). In such cases the liver at last becomes infiltrated with fat—a condition which is physiological in animals in which the respiratory functions are languid (fishes). When, under the influence of debilitating causes, the wants of the organism increase to a high degree, the liver does not suffice for these excessive demands; the fat-forming function becomes paralyzed. The albuminoid matters, undergoing metamorphosis in the liver, no longer produce fat, but a substance less adapted for combustion—amyloid substance—is formed. It is true that amyloid degeneration of other organs may precede that of the liver, but this is due to the fact that the diseased liver pours into the circulation the morbid products, which then infiltrate the tissues with which they come in contact, and especially the parietes of the smaller vessels.—*Deut. Arch. fur klin. Med., and Gior. Intern. delle Sci. Med., Nos.* 3 *and* 4, 1879; *G. R. C., in New York Medical Journal.*

External Application of the Bromide of Potassium.—The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained by direct local application of the remedy to the gums than from its internal administration. He uses a mixture of one part of the bromide to six or seven parts of honey, with sufficient water to dissolve the salt and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day. In cases of diarrhœa caused by dentition a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anæsthetic to the mucous membrane, as a caustic to the excoriations, and through its

effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence those excessively nervous children in whom the eruption of the teeth is irregular and difficult pass through this period without convulsive phenomena.—*Louisville Med. News.*

Anæsthesia under Pressure.—In November last, Mr. Paul Bert, who is fast becoming a rival of Virchow himself in the distinction he is achieving in science and politics, described an interesting series of experiments on the facility and safety with which anæsthetics could be produced by administering a mixture of nitrous oxide and oxygen in an air-tight chamber, in which a pressure was maintained a little greater than that of the air; and he has communicated to a recent meeting of the Académie des Sciences some further observations, in which the subject is transferred from the domain of experiment to that of practical surgery. Commonly, to obtain anæsthesia under ordinary atmospheric pressure, it is necessary to administer pure nitrous oxide, and the gas can only be employed for operations of short duration, for asphyxia threatens the patient as soon as sensibility disappears. Hence this method has remained almost exclusively in the hands of the dentists, who have employed it successfully hundreds of thousands of times. The method proposed by M. Paul Bert, however, permits the use of this anæsthetic agent for operations of considerable duration. Two surgeons, of the Paris hospitals, have responded to the appeal of M. Bert to permit a trial of the method, and the object of his recent communication was to relate to the Académie the particulars of its employment in these cases. He described, first, the case of the removal of a nail by M. Labbé. The patient was a young girl of twenty years of age, timid and nervous. In a closed chamber of sheet-iron the pressure of air was increased ·17 m. (total pressure ·92 m.) The patient lay upon a mattress, and M. Préterre applied the nose-piece of the apparatus, which he applies for the administration of pure nitrous oxide, connected with a bag containing a mixture of 85 parts of nitrous oxide and 15 of oxygen. The pulse was, before

the administration, rather rapid, when suddenly, ten or fifteen seconds after the first inhalation, without any change in the the pulse, respiration, or color of the skin, without any agitation or excitement, the arm became thoroughly flaccid, insensibility and muscular relaxation were complete, the cornea could be touched without winking. The operation was commenced and completed, and the dressing applied, without the least movement on the part of the patient, who kept in a calm sleep, the pulse having fallen to the normal frequency. At the end of four minutes, when the operation was over, slight contractions occurred in one arm, and then in the leg. The mouthpiece was removed, and the contractions ceased. The patient continued to sleep for thirty seconds, and then was readily awakened, and stated that she felt well and was very hungry, and remembered only a sensation of "grand bien-être," produced by the first inhalations. She seemed "to mount up to the sky, which she saw blue with stars." She was able to walk, took food almost immediately, and complained of no unpleasant consequences.

The details of this case are interesting, as showing the quickness with which the anæsthesia was produced, and with which it passed off—a striking difference from the effects of ether and chloroform. Much more important operations, sixteen in number, have been performed by M. Péan—three amputations of the breast, four operations upon bone, six extirpations of tumors, a resection of the infra-orbital nerve, and two reductions of dislocations of the shoulder of three and four days' duration. The anæsthesia was maintained for periods of from four to twenty-six minutes. The time occupied in producing anæsthesia varied from fifteen seconds to two minutes. Complete return of sensibility took place commonly in one minute; sometimes a slight degree of analgesia persisted for one or two minutes more. In one operation a slight accident permitted the patient to take one inspiration of the external air. She immediately began to talk, but complained of no pain. The first fresh inspiration of the gas arrested her speech instantly, and she did not, after recovery, remember the incident. The pulse and respiration were sometimes quickened at the commencement of the inhala-

tion, but it was difficult to say how far this was due to the action of the gas. With insensibility the normal frequency was always resumed. In most cases the patient did not complain of any feeling of malaise on leaving the apparatus, and when the operation had not been of a serious character, they frequently walked and asked for food. In three cases there was some subsequent nausea, but in each of them india rubber mouthpieces or new india-rubber bags were employed, and it is possible that the nausea should not be attributed to the nitrous oxide. A more frequent and unpleasant accident is the appearance of spasms in the limbs. M. Bert is sure, however, that this is due to the pressure under which the gas is administered being insufficient. An increase in the pressure of ·02 m. or ·03 m., which could always be instantly obtained, sufficed to arrest it in every case.

The excess of pressure employed varied between ·15 m. and ·22 m. In one case of reduction of a dislocation of three days' duration, in a dealer in alcohol, it was necessary to employ an excess of pressure of ·26 m. before insensibility and muscular relaxation were obtained, and yet the patient spoke during almost the whole of the operation. Thus the employment of compressed air permits the modification of the dose of the agent with the greatest facility. It is a difficult thing to change the proportion of a gaseous mixture, but a very easy thing to alter the tension of the chamber, and so the dose of the anæsthetic.

M. Bert, in conclusion, maintains the superiority of his method over the compounds of hydrogen with carbon and chlorine in the following particulars:—(1) by the absence of the period of initial excitement which is often so unpleasant and sometimes is even dangerous; (2) by the confidence and tranquility which it gives to the surgeon, who is sure that the dose of the anæsthetic will not change during the operation, and that, in consequence, the patient has nothing to fear; (3) by the almost instantaneous return of complete sensibility even after twenty-six minutes of anæsthesia, so that, if it is desired, the patient may be awakened at a certain period of the operation, and immediately put to sleep again; (4) by the common absence of ma-

laise, nausea, and vomiting, so frequent and tedious after the use of chloroform and ether; (5) and lastly, according to the experiments which have been performed upon animals, and the cases in which it has been used by man, the perfect safety of the method. He believes that the material difficulties will not prevent the adoption of the method, especially since Dr. Fontaine has invented a movable chamber, which is suited to the purpose. His estimate of its relative advantages, however, must be considerably modified if we compare it, not as he does, with pure nitrous oxide, but with the mixture of nitrous oxide and ether, which Mr. Clover has found so valuable, and which possesses several of the advantages of M. Bert's method, to which the necessity of an air-tight chamber is a serious practical drawback. It is very desirable that the method should be fairly tried, and one of our scientific bodies who have the power of granting sums of money for investigation could hardly apply a grant to a better end; but the advantages of the method will have to be signal and incontestible before we can expect air-tight chambers to be introduced for operations in our large hospitals, while it is doubtful whether the procedure is capable of practical employment outside hospital walls.—*The Lancet.*

Carbolic Spray in Pertussis.—Dr. J. Lewis Smith, of New York, speaks very highly of the beneficial effect of inhalation of carbolized vapor in Whooping Cough (*Amer. Jour. of Med. Sciences.*) The following is the prescription, used with the steam atomizer:—

℞	Acid Carbolic, - - -	℥ss.
	Potass Chlorat, - -	℥ii.
	Glycerine, - - - - -	ℨii.
	Aquæ, - - - - - -	ℨvi m.

To be used three times daily. He details a series of cases (not, however, very numerous) in which this treatment seemed to have a very decided effect in subduing the tendency to spasmodic cough, as well as the severity of the paroxysms. He says, "It is obvious that if a spray can be inhaled with perfect safety, which controls the paroxysms, thus enabling us to dis-

pense with the use of active internal agents, except as special indications arise, an important gain will be achieved in the treatment of pertussis: and result of the above treatment encourages the belief that inhalations will yet be more generally used to ameliorate the cough, either that which has apparently been so successful in the Foundling Asylum, or one which experience has shown to be better.

"The good effect of the spray in the above cases seems to me to have been largely due to the carbolic acid, which, when used locally, is known to produce an anæsthetic effect on mucous surfaces, but in one or two instances in which the chlorate was temporarily omitted from the mixture, patients seemed to do better with than without it."

Euonymin as a Cholagogue.—Euonymin, which has lately been brought into notice by the experiments of Dr. Rutherford as an hepatic stimulant, is a resinous substance obtained from a species of euonymus (Wahoo bark). It differs from most of the ordinary so-called cholagogues in not producing any intestinal irritation, its action on the liver being direct. It therefore does not give rise to the colicky pains and discomfort which so often attend the use of podophyllin, and which tend to prove that the latter drug acts only indirectly on the liver by the irritation it sets up in the duodenum, for which portion of the intestine it has a special affinity. Euonymin is particularly serviceable in cases of hepatic dyspepsia, or what are commonly called attacks of "biliousness," with furred tongue, pale stools, lassitude, and goneral *malaise*, and under its use the tongue cleans, the stools become darker, and the feeling of languor and heaviness disappears. Its action is slow, and its effects experienced most about forty-eight hours after it has been taken. In too large or too frequent doses it may cause some depression. It may be given in doses of two grains twice or three times a week, in pill, before dinner or at bedtime, or one grain on consecutive days before dinner for about a week. It may be prescribed with extract of hyoscyamus, or, better still, with a few grains of the compound rhubarb pill, as it is a feeble intestinal

stimulant itself, and requires the combination of some more active aperient, or else the administration of a saline aperient in the morning after.—*Lancet.*

Gingivitis of Puerperal Women.—It is known that during pregnancy the gums frequently become red and congested; a slight pressure on them is sufficient to cause a moderate hæmorrhage. At a more advanced stage the teeth lose their solidity, become moveable, and may be spontaneously shed from the alveolar cavity. Mastication is rendered difficult, but never causes such pain as is common in alveola-dental periostitis. In examining the cause of this gingivitis, Dr. Pinard states that Delestre, in his thesis, lays stress on the congestion, tumefaction, and softening of the gums, during menstruation, which proves that the functional activity of the ovary and uterus may react on the organs of mastication, and predispose them to congestion and inflammation. Previous pregnancies and a bad general condition seem to exert a great influence as predisposing causes.

This affection (puerperal gingivitis) ordinarily appears after the fourth month of pregnancy, and tends to disappear naturally a month or two after parturition. The local treatment consists in touching the diseased parts with a more or less concentrated solution of iodine, with glycerolate of tannin, chlorate of potash, chromic acid, etc. The local treatment which appears most efficacious, however, and is always crowned with success, is lint dipped in a solution of chloral and tincture of cochlearia, equal parts.—*Virchow's Jahresbericht and New York Medical Jour.*

The Action of Digitalis.—In a paper read by Dr. E. T. Tibbets before the British Medical Association at its last meeting, the generally accepted views of the action of digitalis were emphatically contradicted. Dr. Tibbets asserted that its action was strictly that of a cardiac sedative and generally depressant, resembling, in many ways, tobacco, aconite and lobelia

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1879.

PHYSICIAN AND PHARMACIST.

The good relations which ought to exist between physician and pharmacist are often marred by the want of a better appreciation of the duties af each.

It must have occurred to every physician practicing in a large city, that the pharmacist in his special sphere, can be of inestimable service to him, not only as a mere dispenser of his medicines, but as a co-laborer in an allied field of science.

Professor Huxley's remarks on the occasion of an introductory Lecture at a University opening some two or three years ago, may be taken as an index of what is now generally considered the pharmacist's domain; he said:—"Materia Medica, so far as it is a knowledge of drugs, is the business of the druggist. In all other callings the necessity for the division of labour is fully recognized, and it is absurd to require of the medical man, that he should not avail himself of the special knowledge of those whose business it is to deal in the drugs which he uses. It is all very well that a physician should know that castor oil comes from a plant, and castoreum from an animal, and how they are prepared, but for all practical purposes of his profession, that knowledge is not one whit more value, has no more relevancy, than the knowledge of how the steel of his scalpel is made."

The common sense view taken by Professor Huxley is self evident. *The modern pharmacist is a necessity to the modern physician.*

A century ago the physician was not only his own druggist, but he devoted a great part of his time to the culling of simples. The modern physician of London or Paris, or indeed of any other large city, not only does not cull his own simples, he does not even give remedies himself to his patients. When he has completed his diagnosis, with a few strokes of his pen, he has at his command the skilled pharmacist. He orders, the pharmacist obeys. It may happen, in the nature of things it always will sometimes happen, that the pharmacist has not the particular remedy on hand; still the physician well knows that for his own reputation the dispenser will faithfully procure it, and the patient be promptly and satisfactorily supplied. What was the position of the old time general practitioner? He sees the patient and prescribes for him, but, alas! the necessarily restricted selection of stale drugs and pharmaceuticals below stairs does not comprise the preparation wanted. What then? A change of base and the next best article is given, not the one best adapted to the case, but the one most conveniently at hand.

In the nature of things the pharmacist, with even restricted powers of observation, daily stores up innumerable facts with regard to methods of preparing, keeping and manipulating drugs and chemicals which no physician diligently practicing his own profession, can ever hope to acquire. As Professor Huxley has well said, Why should not the physician avail himself of this special knowledge of the pharmacist?

There is, however, an encroachment on the domain of medicine which no pharmacist who respects himself and logically studies his own interest will ever be guilty of, and that is counter-prescribing. We do not say that a druggist can draw an abrupt line in this matter and refuse to give a man a purgative, an emetic, or a gargle when casually called upon to do so; but the *treating of cases* of what may be apparently trivial, but possibly serious, disease, is palpably wrong, and has done more to create jealousy and ill-feeling between the medical and pharmaceutical bodies than anything else. The mere fact of a man being a good chemist and dispenser does not fit him

in the least to be a competent prescriber of medicines. Admitting that the pharmacist is in a position to assist the poor and indeed the public generally in directing intelligently their purchases of drugs and occasionally suggesting simple remedies, still, he should never permit himself to trespass on the well defined legal domain of the family physician. The paths of the physician and the pharmacist lie in the same direction. There is no earthly reason why any antagonism should exist between them. With a little more courtesy, a modicum of charity and the right hand of fellowship, the science of medicine and the art of pharmacy should be a mutual aid to each other in the great work of alleviating human suffering.

How Others See us.—When a stranger who has travelled in Europe comes for the first time into the Province of Quebec, especially the country parts, he is at once struck with the resemblance between what he finds here and what exists in the least advanced districts of old Normandy and other parts of France. That this resemblance extends as well to Hospitals as other things, let these two quotations show:

"The nursing in the French Hospitals would appear to be good, but, if I mistake not, it is purchased at a considerable price. It is ecclesiastical to a degree of which we have no conception in England, and the Sisters would seem to have all the administrative power in their hands, and to wield it with a despotic conservatism which scorns to regard the progress of science. Hence we find the little four-post bedsteads with white curtains retained, even in the surgical wards, in utter defiance of the dangers of infection, for the reason of the privacy afforded by them in relation to religious offices."—*London Lancet*, Sept. 27, 1879.

The following is, on the other hand, from a correspondent of the *Cincinnati Lancet and Clinic* (Sept. 20, 1879), who has recently made a tour of inspection through some of the Hospitals of this Province. He says:—"They are the hospitals of the last century. We were always very courteously ushered about

wards whose floors were scrupulously clean, it is true, but whose beds were surrounded wlth curtains! Curtains in this decade of the 19th century! * * * * People who lament the change which has lately come over Italy, and fear that they may not see Spain in time, need only come up here to Canada to catch the full savor of the middle ages. Those of us who are accustomed to see in hospitals medical science first, and other professions as accessories, will have a nightmare in making the rounds of the hospitals of Canada."

It is needless to say that allusion is here made to the Institutions of the Province of Quebec alone, where (with two or three well-known exceptions) they are as in Normandy, "ecclesiastical to a degree," hard to credit without a knowledge of the facts.

College of Physicians and Surgeons, Prov. of Quebec.—The semi-annual meeting of the Provincial Medical Board was held in the city of Quebec, on the 24th Sept., 1879. The ordinary business was transacted. The following important matters were also acted upon:—

Moved by Dr. Collet, seconded by Dr. Gingras: "Considering that inasmuch as a certain institution has this year made several admissions to the study of medicine; considering that it is important to prevent the renewal of such infractions of the existing law: it is resolved that the College will for the future grant its license only to those who, since the sanction of our new Medical Bill, will have been admitted to the study by the examiners for the preliminary examination of the Provincial Medical Board." Carried, Yeas 17, Nays 10.

Dr. Collet proposed, seconded by Dr. Gingras, the following notice of motion to be considered at the next meeting:

Considering that the College of Physicians and Surgeons of the Province of Quebec is the only safeguard of the rights and privileges of the Medical Profession in this Province;

Considering that there is reason to believe that Victoria College of the Province of Ontario encroaches on these rights and

privileges in granting diplomas to students who follow their studies in the Province of Quebec ;

It is resolved that the President of the College be hereby authorized to consult a member of the legal profession of the Province of Ontario upon the rights and privileges granted to the Victoria College by its charter and its relations to the Province of Quebec, and that, should he be so advised, he is hereby authorized to take the necessary proceedings by which the rights of the College of Physicians and Surgeons of the Province of Quebec will be protected.

After the reading of the above resolutions Dr. Dagenais read the opinion in writing of Mr. S. Pagnuelo, Advocate, of Montreal, regarding the legality of the Victoria University's diplomas in the Province of Quebec, declared his opinion that the University did not possess any such right.

Medical Items.

OBITUARY—GEO. W. CALLENDER.—A sorrowful close has come to the career of a distinguished English surgeon, recently on a visit to this country, who passed some time in Philadelphia, —Mr. George W. Callender, surgeon to St. Bartholomew's Hospital, London. He made two visits to the United States, as has become the custom of so many of the intellectual, studious, and professional men of Great Britain and Ireland, the last one within a few months. He arrived here in the steamship Gallia in August last, and, returning home by the same ship, which sailed October 15th, he died of Bright's disease on shipboard October 20th. Mr. Callender was a very skilful surgeon, a man of rare ability, and of eminent social position. In this country he was warmly welcomed, and had many friends, especially among medical men, to some of whom he had shown great attention abroad, and his decease at the threshold of his own country on his return home is very deeply deplored. He was accompanied on his last visit here by his two daughters, to whom the father's death is a grievous loss.—*Boston Med. & Surg. Journal*, 30th Oct., 1879.

LADY STUDENTS AT UNIVERSITY COLLEGE.—This is the second session since the admission of women to full student rights in the arts and science classes at University College, which has now auspiciously begun. Except that the women have their own common room, with attendants, and, for obvious reasons, a few of the lectures delivered privately to them, the Faculties of arts and law, and of science at University College, admit men and women as fellow students upon equal terms. During the last session the number of women studying was 211 ; and, instead of a loss, as might have been anticipated, by a decrease of male students, there was a positive increase of fifty. There is no difficulty whatever in working the system ; the good feeling and courtesy that regulate the relations of the sexes to one another in the world at large, are not wanting in the well-ordered student mind.—*Students' Journal.*

SIMILIA SIMILIBUS.—A Parisian Homœopathist, in a large and important practice, gives the following account of some of his methods of cure :—In a case of severe biliary colic in which he found calculi in the stools, he took of these three triturations, of which he gave five centigrammes—this aggravated the malady. Then he prescribed dilutions—the 24th succeeded. For three years patient has remained quite cured. He has thus treated ten or twelve patients with biliary calculi, and has always succeeded in producing improvement, or complete cure, if they persevered. For gravel he has obtained excellent results by giving dilutions of their own urine. He also treats advanced gout by triturations of the chalky matter from their joints. He insists that the morbid product taken must be from the patient himself, and no one else, and calls the method Isopathy. This man is, at any rate, a consistent Homœopathist, and deserves the name.

YELLOW FEVER.—A correspondent of the *Louisville Medical News* speaks in the highest terms of the conduct of the Memphis Doctors during the recent epidemic of Yellow Fever.—" If one wishes to realize the force of the expression, ' While there is life there is hope,' let him follow a first-class Memphis

nurse and one of our Memphis Doctors," who are described as possessed of " patience which would put old Job to the blush." This epidemic is said to have been remarkable for the number of violent and desperate cases that have recovered owing to proper medical treatment and good nursing.

A PATIENT'S RIGHT TO HIS OWN LIMBS.—Another amusing lawsuit is at present in progress before one of the United States Law Courts. Some six months ago, a gentleman suffered from some serious disease in both legs which necessitated the amputation of the two limbs. The surgeon placed the parts removed in the Medical Museum. The patient supposed them to be buried, but hearing of their being on exhibition, actually had himself conveyed to the spot, where he recognized his former extremities neatly bottled up and bearing a label with his name attached. He therefore sues the Doctor for the legs, over which he still claims to have right of possession.

—Dr. Yandell, of the *Louisville News*, is soon coming home. He has been Europing and writing to his Journal. It is satisfactory to find that the glories of the New World have not to him been dimmed by aught in the Old. With truly charming native modesty he says: " There is no more unfortunate step that a medical student can take than to go to Paris or Vienna to study medicine. He might just as wisely go to either place to learn morals as to learn how to practice physic. The United States is the best place in the world to make doctors."

CANTHARIDIN FROM THE POTATO BUG—According to the *American Journal of Pharmacy*, there is $1\frac{3}{4}$ per cent. of cantharidin in the potato bug. This fact, taken with that of the recently discovered diuretic properties of the cockroach, leads us to expect soon a monograph on the therapeutic uses of domestic vermin.

—The operation of Ovariotomy was performed by Dr. R. P. Howard on the 27th ult., assisted by Drs. Ross and Roddick. The tumor was found to be partly dermoid and partly multi-

locular cystic. Thorough antiseptic precautions were used. The patient, a delicate woman, however, died on the 3rd Nov. There was no peritonitis or local trouble, the fatal result being apparently solely from exhaustion.

PERSONAL.—Drs. D. F. Gurd and H. J. Burwash have returned from England. The former, we understand, intends remaining in Montreal.

COUNTERFEIT EGGS.—It is well known that in America everything is counterfeited; the wooden hams and nutmegs sent from the New England States are well remembered. Eggs are now also counterfeited; and this manufactory is carried out on a large scale. On one side of a large room the reporter saw several large copper vessels filled with a thick glutinous yellow mass, which a man was constantly stirring. This was the yellow of the egg—the yolk. On the opposite side were similar vessels, in which the white was fabricated. The Egg-shells were made of a white substance resembling plaster-of-Paris, by means of a blow-pipe, just as soap-bubbles are blown. After being dried in an oven, the egg-shells were filled: first with artificial albumen, then with some of the artificial yolk, and lastly with a little of the artificial albumen. The small opening at the end of the egg was closed with white cement: and the greatest achievement of modern civilization, the artificial egg, was ready. In appearance it resembled a natural egg; but, whether cooked or raw, it was indigestible and injurious to health.—*Brit. Med. Journal.*

WARNER'S PILLS.—We beg to call the attention of our subscribers to the Messrs. Warner's advertisement. Their pills are thoroughly reliable, and being carefully sugar-coated, are entirely tasteless. The use of sugar as a coating for pills has been objected to. It has been stated by some that in sugar-coated pills the drugs become dry and hard, and soon loose their efficiency. This we can state for a positive fact not to be the case, having lately used and examined some of Warner's pills which had been kept in stock for over four years, and in which, on section, the mass was found to be quite soft. From our own experience, we have no hesitation in recommending others to use these preparations, as they are sure to be reliable and to give satisfaction.

CANADA

MEDICAL & SURGICAL JOURNAL

DECEMBER, 1879.

Original Communications.

INAUGURAL ADDRESS AT THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

By R. P. Howard, M.D., Etc.

Prof. of Practice of Medicine, McGill University; President of the Society.

Gentlemen: — Upon a previous occasion, when your kindness placed me in this chair, I expressed the opinion, as well as entertained it, that the honor came in the order of seniority,— now, alas, no room for doubt remains on that point, and while I cannot but thank you most graciously for the respect paid to my gray locks, in your asking me to preside at your meetings, neither can I forget that my special qualification for the duty is largely dependent upon the color of those locks. Should my conduct in the chair during the year not give evidence of the wisdom that ought to be the crown of gray hairs, let me bespeak your kind forbearance and sympathy for the man, and your loyal and courageous support for the chair.

During the seven years that have elapsed since my last occupancy of this chair, your Society has not been idle, and I can congratulate you upon the amount and the character of the work it has done. Many of the papers that have been read before it have given proof of much painstaking in the observing and recording of the symptoms and signs of disease. Some of them have been very useful as well as interesting in bringing to the notice of the members important improvements in the

treatment of disease, or informing them of new pathological doctrines introduced by some of the master workers of our art; and several of them have contributed valuable additions to the clinical history, to the diagnostic character of, or to the effects of remedies upon various diseases.

A striking character of our Society is that it is at once a Medico-Chirurgical, a Clinical, an Obstetrical, and a Pathological Society, and it has at least one active Psychological member.

One department of the Society's work is of especial value to its members, and I am not quite convinced that it is thought as much of or made as much of as it ought to be,—that of pathological demonstration. It supplies the very thing we need as practitioners, for we no longer have convenient opportunity of attending the post-mortem room of the hospital. To be permitted to see and handle, nay to have exhibited and explained to us by a demonstrator of pathological anatomy, at our regular meetings, not alone the specimens of diseased structure which now and then we obtain in our individual field of labor, but nearly all the specimens contributed by the entire body of English practitioners in the city, from their hospital and private practice, is indeed a rare and precious privilege. May not this valuable source of practical instruction be rendered yet more profitable? Permit me to suggest, that every contributor of a diseased organ or part shall furnish the Society with a written record of the clinical history and symptoms of the patient from whom it has been procured. This will greatly enhance its value to us as practitioners, by connecting the life history of the disease and of the patient with the alterations of structure which have been the outcome of the disease and the special endowments of the patient's constitution. The picture drawn upon the mind by the recital of the symptoms of a case of illness, and an ocular examination of the alteration of structure produced by the disease, will be more truthful, complete and indelible than were it drawn from only one of these sources.

But the *study of disease* and the *treatment* thereof in the *living* is the chiefest and most important work of our Society.

It is that which ought to and which no doubt does interest us most. And if we endeavor to avail ourselves of our opportunities, some as hospital and others as private practitioners, we may contribute many valuable facts to the science and art of medicine, as well as render ourselves abler and more successful practitioners.

We are too apt to think that the physicians and surgeons of hospitals have much better opportunities of studying disease than private practitioners, and that from them should come the most valuable additions to our knowledge of disease and treatment. But while this may be partially true of *acute medical* and both *acute and chronic surgical* affections, it is not wholly true of these, and is quite *untrue* as regards *chronic internal* and *many chronic external* or so called surgical affections.

In acute febrile and inflammatory maladies the hospital attendant and the private practitioner, perhaps, occupy almost the same vantage ground for the study of the invasion, the course, and the termination of disease, and the effect of remedies upon it; and the chief advantage possessed by the former consists in the larger number of examples of a given kind of disease that fall under his observation at a time, and the more reliable means at his disposal of carrying out intelligent nursing and systematic therapeutics, whether hygienic, dietetic, or medicinal.

But in all the chronic and the constitutional diseases of humanity, a much larger and more obscure class than the acute, the private practitioner has greatly the advantage of his hospital colleague. The former has an opportunity not permitted the latter, of noting the beginning of disease,—the first departure from health,—of studying at the outset its causes *when* only they often can be discovered,—of observing its subsequent course and termination;—and, after apparent recovery, of watching whether it is complete or has left behind it some permanent damage, either of function or structure, or, in the absence of either of these, some impairment of the power of resisting disease.

Again, how much larger and more available to the private

than to the hospital practitioner the opportunities of studying hereditary influence, family and constitutional tendencies, mental and moral culture, social position, occupation, environment of every kind, in relation to disease and its treatment.

The private practitioner then, in my opinion, has no excuse for failing to contribute to the advancement of medical science and art, and if he would perseveringly avail himself of his opportunities, even to the same extent as his hospital rival, he could contribute additions to our knowledge of the value of which no reliable estimate can be given.

Let the private practitioners of this Society then, as they have hitherto done, continue to read papers upon cases which occur in their practice, and let them vie with their hospital brethren in giving interest to our meetings and enlarging our knowledge of the *Ars Medica.*

Would not some valuable additions to medical science accrue were private practitioners to undertake some such studies or investigations as the following:—

What has been the history of Mr. ——, treated for syphilis, ten or twenty years ago, as regards his own health and that of his offspring?

What has been the personal medical history of all or of a number of patients treated in their first attack of rheumatic endocarditis, of acute pleurisy, of chorea, of eclampsia, of typhoid fever?

What have been the various diseases and peculiarities of temperament, constitution, etc., observed in the other members of a family, one of whose number has suffered from morbus coxæ, Pott's curvature, phthisis, epilepsy, rheumatoid arthritis, etc.?

Those cases of epistaxis met with past middle life, those of temporary and sudden blindness, of vertigo, of occasional syncope, of recurring but transient albuminuria. What have been their origin and their issue?

Under what circumstances are pyæmia and puerperal fever met with in private practice? How often in one's experience has the lying-in woman been exposed recently or at the time of her confinement to the poison of any of the zymotici, and especially

that of scarlatina, or of erysipelas, and with what result to herself and infant?

These and many other problems are the special task imposed on the private practitioner by the opportunities of his practice.

If physicians, from the outset of their career would make careful notes of the ailments and constitutional characters of their patients and their patients' families, so that a tolerably complete *medical* history, so to speak, of their patients and their offspring could be obtained, for two generations only, what invaluable information would be possessed for the solution of such questions as the following, hitherto scarcely studied, viz.: — the succession, the substitution, the combination, the equivalence (pathologically) of different diseases, above all that unknown subject the *evolution* of disease. The family physician is the only person so circumstanced as to be able to perform such a work, and let it be one aim of this Society to encourage its junior members to undertake it in the interests of their patients, of humanity, and medical science.

I doubt not that wealthy families would cheerfully pay their physicians handsome honoraria for such invaluable records, and would preserve and hand them down to their children, who in their turn would do likewise, and in this way medical science would be supplied with facts to solve many of the above problems,—facts which she does not possess in anything like the number or completeness that she ought.

But our Society, as representing medical science, has claims upon the hospital physician and surgeon as well as upon the private practitioner. Bearing in mind the large number of examples of febrile and inflammatory affections that are admitted to our hospitals, it is reasonable to expect from their medical attendants valuable contributions to the course, complications, diagnosis and appropriate treatment of those affections.

The hospital attendant, owing to the large number of patients constantly under his observation, should point out the resemblances and the diagnostic differences between affections that resemble one another closely, the *prognostic* significance and value as *indications* for *treatment* of certain qualities of pulse,

of urine, of expectoration, of certain conditions of the tongue, the skin, the respiration, etc.

The *real value* of cold bathing, of large doses of quinine, salicylic acid, benzoate of soda in pyrexial affections, of blood-letting, mercury, aconite, antimony, etc., in inflammatory diseases, of tapping in acute pleurisy, acute synovitis and pericarditis should be determined by him. To him we look for careful reports embodying the results of the treatment of large numbers of cases of a given disease, say rheumatic fever or diphtheria, by the same or by different drugs, and furnishing the conditions for selecting one agent rather than another.

Such problems as the influence of alkalies and of salicylic acid respectively, upon the duration and complications of acute rheumatism—of the use of chlorine, bromine, iron, sulphur or benzoate of soda, and of local disinfection and of tracheotomy in diphtheria—the relative value of the different methods of dressing wounds, the conditions in which drainage is necessary after operations, and the best method of securing it in different cases—when to discontinue rest and begin exercise, passive and active, of a diseased joint—when to excise and when to amputate in articular disease—the actual results of the different methods of treating morbus coxæ, or hemorrhoids—these, and *many, many* other problems, belong especially to the hospital physician or surgeon.

On these and numerous other subjects of interest in the history and treatment of disease, we shall hope to hear from the representatives of the hospitals among us, and all the more frequently, that being stimulated to industry and painstaking by the daily presence with them at the bedside of a class of intelligent and criticising students they will, by the force of circumstances as well as by the constant exercise of their powers of observation and analysis, be qualified to communicate valuable information in clinical medicine and surgery. It is to the credit of their class, as well as to themselves, that the first meeting of the year has been opened by valuable communications from the Professors of Clinical Medicine and Clinical Surgery.

In the work of this Society the youngest member can assist.

Whoever reports a single example of disease, complete in all its details, supplies a fact to science which shall bear fruit, perhaps long after the labourer has been forgotten? How few reports of disease are complete in all respects, even when written by experienced and accomplished men! How often is all reference to the cause of the disease, whether the remote predisposing or even the more direct inducing cause omitted in reports of cases; yet, in view of preventive and curative medicine alike, what more important to the advance of scientific medicine? Incomplete observation is often as injurious to science as mal-observation.

Let us all, then, young and old, resolve to do something to maintain the interest of the meetings of our Society. Even a regular attendance will do this, by the satisfaction that the presence of a good audience will afford the readers of papers, and those who join in their discussion.

The value of medical societies cannot be stated. But, wherever the members of our profession are diligent and earnest cultivators of medical science, they must exist in some form or other; whether composed only of three or four friends who meet at their respective houses from time to time, or of larger regularly organized bodies, having a "local habitation and a name," like our own Medico-Chirurgical Society. Such men will seek out others like themselves, make known their opinions, relate their obscure and interesting cases, seek information respecting new remedies and methods of treatment, confess their failures, claim their victories, discuss new theories fearlessly, and be constantly asking the how, the where, and the why?

Without such men or organizations for mutual edification, medical science will not make much advancement in a locality. The practitioners of medicine where such organizations are wanting, will hardly know and respect one another as they ought; will not have had developed in them that exalting consciousness that they are members of a learned and honorable profession, whose time-honored reputation amongst men they must not sully by anything that is low, mean or false. And they certainly will not keep abreast of modern thought and deed in medical science, but sink into a dull indifference that must entail mediocrity, if not crass ignorance.

PILOCARPINE IN IRITIS.

By F. Buller, M. D., M. R. C. S., Eng.
Lecturer on Ophthalmology, McGill University.

(*Read before the Canada Medical Association, 11th September*, 1879.)

The ordinary and well-known method of treating iritis is so satisfactory in a vast majority of the cases met with in practice, that there is, probably, little or no reason to desire other remedies than those commonly employed in dealing with the simple form of this disease of the eye. Now and then, however, there are instances of iritic inflammation which incline to run a protracted course, and though not presenting symptoms of an urgent or threatening character, may nevertheless, for the reason stated, prove very annoying to both patient and medical adviser. A few such will certainly come under the care of every ophthalmic surgeon in extensive practice, and *may* fall to the lot of any one who includes the treatment of eye disease in the comprehensive field of general practice.

The class of cases to which I refer differ from the so-called simple iritis, not only in the tendency to continue uninfluenced by the ordinary treatment, but also in displaying little inclination to the formation of adhesions between iris and lens capsule, at the same time they are not typical examples of serous iritis. They are, perhaps, better designated as a mixed form of serous and plastic iritis.

I have recently met with two such cases, and it is concerning these that I purpose making a few remarks. In the first case, at least, nearly every available remedy had been tried, but without improvement, before having resort to the remedy which finally effected a speedy cure. The history, etc., is as follows:—

Charles C., aged 44, carpenter, came to Hospital May 27th. Of French-Canadian parentage, dark complexion, physique a good deal above the average. With the exception of occasional slight attacks of rheumatism, affecting chiefly the shoulders and elbows, his general health has always been satisfactory until the present illness. For the past eight weeks he has had inflamma-

tion of the right eye. This has been attended with a good deal of pain, and rendered him incapable of following his employment. He appears very much depressed in spirits, and says that he feels weak and languid. Has been under skilled treatment all along, but not finding himself improving has become discouraged. The treatment seems to have consisted in the use of atropine instillations for the eye, and a solution, evidently containing iodide of potassium, taken internally three times daily.

The left eye has never been affected, and is in every respect normal.

The right eye is considerably inflamed and presents the following features:—Well marked injection of the anterior part of the eyeball, of a purplish red hue, and increasing uniformly in intensity toward the cornea. The latter is free from any visible evidence of disease. The anterior chamber is apparently of the same dimensions as that of the healthy eye. The iris has a dull, turbid appearance, and its striæ are quite indistinct.

The pupil is circular, moderately dilated, and does not respond to light, there are no pigment stains on the lens capsule. The fundus oculi cannot be seen with perfect distinctness, but presents no evidence of being diseased.

The tension of the eyeball is unmistakably increased V=$\frac{1}{10}$, and the field of vision is intact. There is some photophobia, lachrymation and ciliary tenderness on pressure. He states that the pain in the eye and circumorbital region is, as a rule, worse at night, and that the inflammation sometimes diminishes for a day or two, and then suddenly becomes as bad as ever. Strict enquiry failed to elicit any evidence that he has ever been affected with syphilis.

It will be seen from the foregoing that we have to deal with a case of simple iritis, which was probably of rheumatic origin, but differing from the ordinary type of so-called "rheumatic iritis" in several particulars, viz.:—

a Well-marked increase of tension.

b No sign of any plastic effusion ever having occurred.

c No improvement after several weeks of treatment.

With regard to the first of these points, I may here state that the +T continued throughout the subsequent course of the disease, but finally subsided with the inflammation.

In regard to the second point, it is quite possible that atropine may have been used sufficiently early to prevent the formation even of transient adhesions, traces of which are usually discernable in every case of plastic iritis.

In deciding upon the line of treatment to be pursued, the two peculiarities first mentioned were not unimportant.

The +T perhaps rather contraindicated the use of atropine, and, in addition to this, that adhesions would form if the pupil were allowed to contract; possibly, too, the atropine might be acting as an irritant, as it is well known to do in some individuals; moreover, after eight weeks' trial it was not found to be exerting any beneficial action. For these reasons it was decided to omit the atropine drops, neither was there any special indication for the use of mercury.

To the use of iodide of potassium there seemed no objection, it was, therefore, continued, in doses of ten grains, combined with two grains of quinine, three times daily. The patient was also enjoined to make liberal use of warm fomentations, and to keep the eye perfectly protected from strong light and other injurious influences.

Two days after the first visit there was a decided improvement in the condition of the eye, which, however, did not last long, for on June 5th the precorneal injection, &c., had returned, but there was still no appearance of iritic adhesions. This fact, with the persistent increase of tension, was considered a sufficient reason for the cautious use of a solution of eserine. One drop of a four-grain solution was ordered to be instilled morning and evening. The other remedies mentioned were continued. This was followed by a very striking amelioration, indeed the eye became so well in the course of a few days that he was able to work for several hours daily, without experiencing much discomfort, only feeling pain in the eye for about an hour after the application of the eserine.

On the 22d of June he worked nearly all day in the open air, with his coat off, and flattered himself that he was now all right. Although strictly enjoined to show himself every two days whilst using the eserine, he had not been to the Hospital for more than a week. On the 23d, the eye was not feeling very well, and, after putting in the eserine drops, it became very painful, and the pain did not pass off as it had done on previous occasions; on the contrary, it increased, and kept him awake nearly all the next night. The following day, June 24th, he came to Hospital with the eye more inflamed than it had ever been before; two adhesions were found to have formed at the lower border of the pupil, and vision was considably impaired. A change of treatment had become imperative. To prevent the formation of other adhesions, and, if possible, to break those already formed were leading indications. Atropine and mercury were both employed. Frequent instillations of the former in the usual solution; the latter was combined with the iodide of potassium, 1-16th gr. of the perchloride after each meal, and belladonna fomentations to be used instead of warm water. Notwithstanding the vigorous use of atropine, only a moderate degree of dilatation of the unattached portion of the pupil could be obtained, a full dose of morphia each night only partially allayed the pain.

On the 1st of July there was no abatement of the disease, and vision was much impaired, but not more so than could be accounted for by the turbid condition of the aqueous humor; the intra-ocular tension was still in excess, but the visual field was not impaired. The patient was again very much discouraged, and willing to try anything that could offer a chance of bringing relief. Turkish baths were proposed, but objected to on the score of expense. It was then explained to him how a similar effect could be obtained by the use of pilocarpine, and he at once consented to give it a trial. On retiring the same evening ⅓ gr. of the hydrochlorate of pilocarpine was injected beneath the skin of the back of the arm. The usual effects of the drug were produced in a high degree in the course of a few minutes. There was profuse ptyalism for about an hour, and copious per-

spiration for several hours, after which he slept comfortably without the aid of morphine.

When seen again on the 3rd, a change for the better was unmistakable. All the acute symptoms had passed off, vision had improved, and the pupil was fully twice as large as before the injection. The same procedure was repeated on the fourth, with a similar result—that is, with a still further improvement.

On the 10th of July the eye was almost free from inflammation. The two synechiæ had not given way, but were now merely elongated bands, not preventing fairly good dilatation of the pupil even at the lower part. A third injection was now given, and on the 15th the patient came to the Hospital and announced himself cured. The only sign of the disease now remaining was the posterior synechiæ. The tension of the eye had diminished with the inflammation, and was now normal, as was also vision. Atropine instillations were continued for several weeks longer, but as the synechiæ did not give way, and the eye appeared quite well, they were discontinued. Up to the present time there has been no return of the disease.

The next case was a medical man, of slight frame and spare habit, of a dark and sallow complexion. He had been in delicate health for some months, and was still an invalid when the eyes became affected. The illness had commenced with a severe cold, and was of a somewhat obscure character. Sleeplessness and general debility were its most prominent features. For many years he had suffered much from frontal neuralgia, which, as a rule, was most troublesome in bad weather: so much so, that he had come to regard his forehead as a pretty reliable weather indicator. He was also subject to what he considered to be rheumatic pains in the joints, especially of the upper extremities, but never had an acute attack of rheumatism. The left eye began to be troublesome on the 23rd of May. Two days later he came under observation, and there was then found to be a moderate degree of iritis. The ciliary injection was of a purplish hue, such as is supposed to characterize rheumatic iritis.

Was ordered atropine instillations every two hours till the pupil became dilated. To take a mixture containing quinine

and iodide of potassium, and to foment the eye with warm water. The next day the pupil was fairly well dilated and circular; its lower margin yielded slowly, but without leaving any pigment stains on the lens capsule. Vision was considerably subnormal =$\frac{1}{3}$. T. doubtfully increased.

After sixteen days of this treatment, beyond temporary slight improvement, there was no change for the better; on the contrary, the last three or four days have been attended with more suffering than at any time previously. Morphia allayed the pain at night, but made him feel very uncomfortable afterwards. The iodide of potassium had brought out a papular eruption, quite abundant, on the face, and he thought it was disagreeing with him.

I related to him the success of the first injection of pilocarpine in the former case, and suggested that he should also give the remedy a trial. On June 9th, a solution containing $\frac{1}{4}$ gr. was accordingly injected into the forearm. It acted promptly and efficiently, and did not cause much gastric disturbance. He passed a better night, and the next day there was a surprising improvement in the condition of the eye.

The further treatment consisted in the use of atropine locally, small doses of quinine three times daily, internally, and a pilocarpine injection every other night. Of these he had in all only four, scarcely suffered any pain after the first one, and was almost well after the third. On the 22nd of June recovery was complete, and all treatment was stopped.

About the beginning of July the right eye showed signs of a slight iritis; for this atropine was used morning and evening till near the end of the month. After getting wet in a shower of rain, the disease assumed the dignity of a tolerably sharp attack of iritis. He now took on his own responsibility two injections of pilocarpine. The eye was somewhat relieved by each of these, but, curiously enough, they caused great swelling of the submaxillary glands, and there was a feeling of depression the next day that had not obtained before. He was therefore advised to rely upon atropine and fomentations, and to take iodide of potassium in gradually increasing doses. This he did,

until taking gr. xx three times daily. When this quantity had been reached, he felt obliged to discontinue it; but the eye was improving all the time, and by the middle of August was almost well. This attack was not so severe as it had been in the left eye, but lasted much longer—the respective duration being three and six weeks.

Pilocarpine has already been recommended in quite a number of diseases of the eye, and, like all new remedies, virtues have no doubt been ascribed to it which will not stand the test of time and experience; but that it has already proved itself a valuable addition to our remedial resources can hardly be disputed. I have been induced to place these two cases on record, because I believe that it is only by a careful observation and a faithful statement of facts that we can arrive at positive indications for the use of new remedies.

There is so much reason to be satisfied with the ordinary means of treating iritis, that we rarely feel the want of anything else. Now and then, however, they fail to do their work satisfactorily. Now, whenever a remedy is found to cope with these exceptional cases, it surely deserves a place in our therapeutical armamentarium.

In the two cases just related there was a remarkable similarity. Both were men subject to a mild form of rheumatism. In both, the inflammation was of a feebly plastic character, bordering, in fact, on the serous variety, and indisposed to yield to the soothing influence of atropine. Both were liable to irregular exacerbations, depending on circumstances which are practically beyond control.

The picture, so to speak, of the disease is often widely different in different cases of iritis. In these two it was almost identical. In the first case, there was one feature not commonly met with, except in typical cases of so-called serous iritis. I refer to the persistently increased tension. It was this that led to a breach of the ordinary rule of practice in treating inflammation of the iris, and the result showed how a departure from that rule is likely to be punished. The pupil was not only allowed to contract, but the contraction was stimulated by the

use of eserine. Although for a time this worked well, and the tension was diminished by the eserine, just as will happen when it is applied to eyes suffering from glaucoma, the day came when it commenced to act as an irritant, and adhesions formed during the few days that patient was not under observation, and, unfortunately, these adhesions remained permanent. The well known myotic effects of pilocarpine, when administered internally, might be urged as an objection to its use in iritis. Such an objection is practically of no weight, because the relief which it affords, by disengorging the inflamed and irritated eye, promotes the absorption, and thus powerfully aids the mydriatic action of atropine. This was what happened after each injection, and is, for various reasons, just what might be expected to happen.

Since this paper was read before the Canada Medical Association, I have treated another similar case of Iritis, occurring in conjunction with secondary syphilis, in an elderly man, whose general condition did not admit of the free use of mercury. Only very feeble posterior adhesions had taken place, and these easily broke down under the influence of atropine instillations; but the inflammation continued for several weeks without any signs of abatement. A decided amelioration was effected by half a dozen pilocarpine injections, and, I think, paved the way to a speedy cure with iodide of potassium, quinine, and morphia injections at night.

CROUP OR DIPHTHERIA. WHICH?

By William Osler, M.D., M.R.C.P., London.

Professor of the Institutes of Medicine, McGill University; Physician to the Montreal General Hospital.

On Monday morning, Nov. 10th, 8.30 a.m., I was hastily summoned to the Infants' Home by a message that a child was dying. On arriving, I found Fritz, a well grown boy of 4½ years, in a state of urgent dyspnœa, and rapidly becoming cyanotic. I was informed that the child had had a slight cold on Sunday, but had been about and taken his food as usual. In the evening the matron noticed that he was somewhat restless in his cot, breathed

rather heavily, and had a "croupy" cough. Towards morning he became worse, and he was put in a warm bath and had mustard applied, with considerable relief. At 7 a.m. he got worse, and they again tried the ordinary remedies, but without affording any relief. I found him in the state above mentioned; breathing very laboured; cold sweat on the forehead; skin livid; extreme restlessness; and on inspection of chest, there was seen retraction of lower zone and epigastrium. The child had had a somewhat similar attack about three months before, and another last winter, and has always been regarded as "croupy"—*i.e.*, on taking cold had a cough with a peculiar "bark" or ring. A younger brother died of croup. Seeing that no time was to be lost, I got Dr. Shepherd to perform tracheotomy, which afforded prompt relief; the breathing became quiet, and the natural colour was restored. Pulse full and strong. When the trachea was opened, we could see quite plainly a thin layer of false membrane on the posterior wall. After the operation, the fauces were thoroughly inspected, and appeared natural; no swelling; no exudation. There is no enlargement of cervical glands. For a couple of hours the child was easier. When seen at 1.30 p.m., respirations were hurried, 60 per min.; pulse, 140; and temperature high. At 5 p.m., condition the same. Tube was cleansed of muco-pus, but respirations continued very rapid. Colour good. Takes milk well. At 9 p.m., very restless; respiration, 55; pulse over 140; skin hot and dry. Has passed a small amount of urine, but it had not been kept. Has been vomiting a good deal. Mr. Rogers kindly watched the child during the night; it was restless at times, and kept feverish, but seemed, on the whole, somewhat easier. At 9.15 a.m. was weaker; pulse almost uncountable; respirations over 60; temperature, 105°. Tube is clear. Unfortunately the nurse had, in spite of instructions, failed to keep any urine. Death occurred at 1.30 p.m.

Autopsy.—Face suffused; lips and finger tips livid. In thorax, lungs do not collapse. Right side of heart and great veins gorged with blood. Pharynx, larynx, trachea and lungs removed together. Uvula and soft palate somewhat suffused.

Tonsils not enlarged, and good colour: at upper and back part of left there is a small greyish-white patch, 2 x 3 m.; near it are two open follicles, with a little exudation in them. In right organ, three follicles are filled with greyish-white soft material. No membrane on pillars of fauces, or on upper surface of epiglottis. Entire larynx is filled up with a greyish exudation which lines the under surface of epiglottis, the true and false chords, and the arytenoid cartilages, completely closing the rima. It can be lifted as a definite membrane, tolerably compact, but loosely composed on its surface. Thickness about 2 m. From the larynx it extends into the trachea as a continuous sheeting as far as the incision. The tissue beneath it is deeply congested and somewhat granular-looking. From the lower margin of the tracheal wound it extends down the tube, into the bronchi, and can be followed in the latter to branches of the third degree. The membrane here is not so consistent, and is more difficult to remove as a continuous sheeting. Mucosa beneath deeply injected. *Lungs* crepitant in front; dark-coloured, collapsed and congested behind. At hinder part of right upper lobe the tissue is very firm, and in spots granular-pneumonic. *Heart;* right chambers gorged with blood and jelly-like clots; great veins distended. *Spleen* a little enlarged; pulp not very soft. *Kidneys* much congested; on section, blood drips from the surface. No special alteration of substance noticed. Nothing of note in gastro-intestinal tract.

Microscopic examination of grey patch on right tonsil showed a network of fibrils, with numerous round cells, leucocytes, and granular débris. The exudation in follicles of left tonsil appeared softer, and was made up chiefly of very closely-packed corpuscles. In the membrane from the larynx the same elements were found: meshes of fibrous-fibrils, large and loosely arranged, with round cells and epithelial flakes. Here and there groups of micrococci were met with, and some of the cells contain isolated forms. They are not, however, specially abundant, and the same elements occur in numbers on the fur of the tongue. The kidney epithelium was granular, and in cortical tubes swollen. No micrococci found. The capillaries were very full.

Remarks.—Croup or diphtheria, which ? I believe it to be the former, for the following reasons : (1.) The sporadic nature of the case ; the child had not been exposed to contagion, and no cases subsequently developed in the Home, although the conditions for the spread of the disease are most favorable.* (2.) The mode of attack, and locality first affected. Up to a couple of hours prior to the first symptoms the child appeared in his usual health, though suffering from a slight cold. The difficulty in breathing came on very early, and was the prominent feature throughout; the larynx was primarily affected. Before the effect of the chloroform had passed away after the operation, the fauces and tonsils were most carefully examined by Drs. Ross, Shepherd and myself, and no membrane seen, not even injection. (3.) The absence of swelling of the neck and fetor of breath, symptoms rarely missed in severe cases of diphtheria. (4.) The situation of the exudation ; primary laryngeal diphtheria is very uncommon. On the other hand, the slight extension in the tonsils in this case does not invalidate the croup view, as in this disease the membrane may also occur in the fauces. The extension of the membrane into the tubes does not tell much either way ; it is even in both affections. In 17 cases of diphtheria, of which I have *post-mortem* records, extension of the membrane in the trachea and bronchi occurred in eight of them. (5.) The absence of signs of septic poisoning at the *post-mortem*. The blood was clotted and natural-looking, no staining of walls of vessels or of tissues about them ; only the usual conditions met with in death from asphyxia. (6.) The absence of micrococci in internal organs, especially the kidneys. Their presence in the exudation in larynx does not go for much, when the same elements occurred on tongue. They were not in the same numbers as in diphtheria, in which they swarm in the membrane. (7.) The fact that the child had been subject to "croupy" attacks, two of which were accompanied with dyspnœa and lividity. A younger brother also died of croup.

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* Up to the time of the operation the child was in the same room with about a dozen children from 3 to 5 years of age. Subsequently he was isolated.

Croup I believe to be a non-specific inflammatory affection of the laryngo-tracheal tract, accompanied with a membranous exudation. It is never contagious, is usually sporadic, and rarely occurs in adults. Kills by asphyxia; never by blood-poisoning. Is a local disease, the constitutional manifestations being those of impeded respiration; is never followed by paralysis. There is never fetor of breath, or swelling of glands of the neck. To this picture the above case corresponds in its essentials.

Correspondence.

REPEATING PRESCRIPTIONS.

MONTREAL, Nov. 7, 1879.

To the Editors of the CANADA MEDICAL AND SURGICAL JOURNAL:

SIRS,—May I propose to the prescribing physicians of Montreal that some understanding be arrived at with pharmacists regulating the repetition of prescriptions containing Morphia, Chloral, &c.

I am sure my confrères would be willing to abide by a recommendation from the Medico-Chirurgical Society and the Société Medicale on the subject.

For instance, a circular from these bodies to the effect that pharmacists are politely requested not to repeat prescriptions containing certain drugs without an order from the prescriber would, I think, have the desired effect. It would extricate dispensers from a dilemma which frequently presents itself.

To-day a bottle was presented at my counter by a lady to be refilled. It was a mixture containing a large dose of Chloral Hydrate, and had been prescribed *in January last.* On my hesitating to fill it without a new order, she said it was for a gentleman who had been drinking a good deal of late, and he required it to make him sleep. The doctor had seen him this morning, and told him to get the bottle refilled. It is not a pleasant thing at any time to doubt a lady's word. I think she spoke the truth, and I obeyed her.

Undoubtedly a grave responsibility was taken by me, which

might have been obviated if some well understood rule was in force.

With regard to ordinary prescriptions, I think it would be injudicious to interfere, as I am quite certain neither physician nor pharmacist can prevent the public swallowing too much medicine. They will have it, either in the shape of a favorite prescription or a patent nostrum.

Yours truly, H. R. G.

Reviews and Notices of Books.

Diseases of the Throat and Nasal Passages: a Guide to the Diagnosis and Treatment of Affections of the Pharynx, Esophagus, Trachea, Larynx and Nares.—By J. Solis Cohen, M.D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Medical College, Philadelphia, Physician to Jefferson Medical College Hospital and to the German Hospital of Philadelphia, &c. Second edition, revised and amended, with two hundred and eight illustrations. 8vo, pp. 742. New York: Wm. Wood & Co.

This work, from its first issue, has been considered one of the leading standard American authorities upon its special subject. It is a complete treatise on all the affections of the nose, the fauces, the pharynx and larynx, the esophagus, and trachea. The systematic plan of arrangement is very extensive, hardly leaving room for the omission of anything of real importance. To give some idea of the contents, we may just quote the headings of the chapter on Sore Throat thus: Sore Throat—Acute Sore Throat—Common Sore Throat—Phlegmonous Sore Throat—Ulcerous Sore Throat—Simple and Common Membranous Sore Throat—the Sore Throat of the febrile exanthemata—Ersipelatous Sore Throat—Acute Tuberculous Sore Throat—the Sore Throat of Glanders—Sore Throat of Stomatitis. Each variety receives a separate and careful notice, with directions for diagnosis and treatment.

A special chapter is devoted to Diphtheria, which, from its

importance, it necessarily deserves. A short, and, in our opinion, an able, summary is given of the conflicting views held by recent English writers upon the identity or non-identity of Croup and Diphtheria. Dr. Cohen is of those who believe in the existence of *two* diseases—membranous laryngitis and diphtheria—which can be distinguished from each other by a number of points connected with the etiology, history and clinical features of the two complaints. This opinion we have ourselves always maintained, and were pleased to find it so clearly enunciated and so logically worked out by our author. We think we express the views of the majority of the practitioners of this city when we say that our experience here during a number of years past has led to a conviction of the non-identity of these two in some respects similar diseases. With reference to treatment of diphtheria, we find that the author relies strongly upon the tincture of iron locally and internally; and on the approach of laryngeal symptoms, he advises a very copious and persistent steaming of the apartment. He also thinks that the employment of lime is very beneficial in the latter cases, either by lime water spray or, preferably, by the occasional inhalation of the vapor rising from small pieces of recently-slaked quicklime.

Very full directions are given for the examination of the nose, throat and larynx, and numerous illustrations are introduced to explain the anatomy of the parts and the construction of the instruments to be employed.

It is a handsome, well-printed book, invaluable to persons specially interested, and cannot but prove most useful to every practitioner for study and for reference.

Diseases of the Stomach, the varieties of Dyspepsia, their Diagnosis and Treatment.—By S. O. HABERSHON, M.D., Lond., Fellow of the Royal College of Physicians, Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at, Guy's Hospital, &c. Third edition, 8vo.; pp. 324. Philadelphia: Lindsay & Blakiston.

This book contains a scientific exposition of the part played by the stomach in the production of various symptoms under a

great variety of conditions, both directly gastric and also sympathetic. There is no doubt that, apart from cases of dyspepsia proper from any cause, the actual state of the stomach itself and the manner in which the important operation of gastric digestion is performed during the course of chronic diseases generally are deserving of attention, which will often be amply repaid by the improvement brought about under suitable treatment directed to this part. A very good chapter which brings out forcibly this point is Number III, which treats of "the general sympathy of the stomach in disease." The classification of the various forms of dyspepsia which has been adopted by Dr. Habershon is based upon the *cause* underlying the functional disturbance. He very reasonably claims that this division is natural and scientific, and it is, moreover, of an eminently practical nature, for it draws our attention more especially to the point to which our line of attack should be directed. As the author remarks, "To remove the cause of abnormal action is more effectual for the relief of the patient than to attempt the alleviation of isolated symptoms of disease." In this way chapters are given to dyspepsia from weakness (atony), from congestion and from inflammation of the stomach. Then we have hepatic, rheumatic and gouty, renal, mechanical, sympathetic and fermentative dyspepsias; and the whole concludes with a description of the degenerations of the stomach, ulcer and cancer, and spasm of the pylorus. As regards treatment, we are glad to find Dr. H. remarkably conservative in his tendencies—warning us against the present only too prevalent custom of running after every new remedy which becomes for the moment the fashionable thing to give for dyspepsia. He says, "It would almost seem that during the last few years there is a mania for new remedies, and that the charm of novelty casts into disrepute those means which had been previously found of an efficacious character. The remedies we possess are more than sufficient if we know how rightly to use them; and we are able to effect more by regulating the physiological conditions of digestion, than by confining ourselves to the mere administration of medicines."

We have said enough to show the general scope of this excel-

lent work. It is the product of the labors and observations of one who has for many years adopted this department of medicine as his special field, and everywhere throughout the book are to be found evidences of its emanating from the author's own ample stores of clinical research. Every physician will benefit by its perusal, and will find in it safe guidance and instruction for the satisfactory and scientific diagnosis and management of these common, but important complaints.

The Advantages and Accidents of Artificial Anæsthesia: a Manual of Anæsthetic Agents and their employment in the Treatment of Disease.—By LAWRENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College, Physician to the Department of the Eye and Ear, Howard Hospital, Philadelphia. Second edition, revised and enlarged, with twenty-seven illustrations. 8vo, pp. 320. Philadelphia: Lindsay & Blakiston.

No physician should give an anæsthetic without a full knowledge of the properties and *modus operandi* of the drug he employs, the manner in which it may give rise to untoward symptoms, and the means by which these may best be met and overcome. He requires also to know the facts concerning the comparative safety of the various agents which are employed to produce unconsciousness. All this and very much more on matters relating to anæsthesia in general will be found in the volume we are noticing. Ether is first treated of, and to it is given most decided preference over all others. In Montreal of late years chloroform has been extensively abandoned for sulphuric ether both in the General Hospital and also in private practice. Previous to this, two deaths from chloroform had occurred in the latter institution. No fatal result here has ever yet followed from the administration of ether. In Philadelphia alone, Dr. Turnbull states, it has been employed exclusively for the last 34 years without one single death occurring directly attributable to the anæsthetic. It is not claimed that ether is entirely free from danger, but that the important difference between it and chloroform is that the former will give warning of the danger

to the patient, so that its ill-effects may even then be warded off, but that the latter will sometimes unexpectedly and suddenly prove fatal without any warning. Complete directions are here given for testing the purity of the agent, for proper administration, what to observe during insensibility, and how best to obviate uncomfortable symptoms afterwards, such as vomiting, &c.

Chloroform is next discussed, and we have here some interesting remarks upon the recent discovery of the effect of nitrite of amyl in counteracting the tendency to syncopal death under this anæsthetic. It is strongly recommended that whenever chloroform is given, the nitrite should be at hand, as it is confidently expected that in many cases it will prove a satisfactory antidote for sudden chloroform-syncope. Of much interest also is the account of the employment by some American physicians of a mixture of chloroform and a small quantity of nitrite of amyl.

The properties, administration, &c., of nitrous oxide and of chloral hydrate are next considered, after which we have a chapter upon the various forms of inhaler which are commonly used. Clover's inhaler, which is the one employed here, is well spoken of, and several others are figured and described. Richardson's method of local anæsthesia, of which we now hear very little, receives some attention, and one of his cases is related in which he amputated the breast with scissors under local refrigeration without any general anæsthetic.

Another good chapter is added upon the medico-legal relations of anæsthetics, which contains a great deal which it behoves every medical man to know.

This work constitutes a very complete account of tne facts and theories of anæsthesia and anæsthetics—a most important subject of vital interest to the whole profession.

Real-Encyclopädie der Gesammten Heilkunde, Medicinisch-Chirurgisches Handwörterbuch fur praktische Aerzte.—Herausgegeben von Dr. Albert Eulenberg, ord. Professor an der Universität Greifswald, mit Zahlreichen Illustrationen in Holzschnitt. Wien: Urban & Swarzenberg.

In spite of the recent appearance of the large systematic

Cyclopedia of Medicine lately issued by Ziemssen, and which has been so extensively read in this country, it would seem that there is in Germany sufficient demand to warrant the commencement of the work of which the above is the heading. It is intended to be a complete dictionary both of medicine and surgery, the articles being alphabetically arranged. It is meant to be completed in about 10 volumes, each of which consists of 10 parts, of which two or three are expected to appear every month. We have received the first part, which contains articles from Aa to Ac. The most important portion is devoted to the description of abdominal typhus by Zuelzer. This monograph is very complete, and illustrated by several woodcuts, some of which are of much interest, as, for instance, one showing together in a case the temperature-range, sphygmographic tracings at various periods, the comparative amounts of urinary constituents, and the same of hæmoglobin in the blood at different stages—all diagrammatically compared together. Some ninety names are given as amongst the principal contributors, and we find, on looking over the list, that it contains amongst them the best known men of the present German literature. Prominent authors in all the following departments are represented:—General medicine and pathology, psychology and neuropathology, dermatology, surgery, gynecology, physiology, ophthalmology and otology.

It promises to be a work of great value, which will probably become one of the leading authorities for reference to German views and teaching.

On the Therapeutic Forces: an effort to consider the action of medicines in the light of the modern doctrine of the conservation of force.—By THOMAS J. MAYS, M.D., Member of the Luzerne County Medical Society, Member of the Pennsylvania Medical Society, &c. 8vo, pp. 143. Philadelphia: Lindsay & Blakiston.

Every attempt made to enable us to see more clearly the laws under which medicines act is welcome. Owing to the great difficulties underlying the *modus operandi* of many drugs,

there are many in constant use and of undoubted value which are used even yet on purely empirical grounds. Concerning many others also no doubt, although we are accustomed to accept certain current explanations of their actions, still these are not always quite satisfactory, and in many instances do not seem to reach the *fons et origo*. Now the author, in these short essays, tries to go deep down to the very source of the power manifested by remedial agents taken into the human frame; and an attempt is made to ascertain what amount of latent force is present in them, and thence to estimate the degree to which they may be useful in conveying such force into the animal economy under conditions in which it stands in need of extraneous assistance. The general law of the action of forces on the body is expressed in this way—"A force can only be known by its effects on matter, or by the amount of motion it produces. Two forces moving in the same or parallel direction will enhance and intensify each other's movement, and two forces of unequal strength moving in opposite directions will produce motion in the line of the stronger force. This is the result of a primordial law in nature, according to which motion takes place in the line of least resistance. From this law it necessarily follows that our therapeutic forces, when viewed from the standpoint of life, can be divided into two great classes, viz., those which move in harmony with the vital forces, and those which move in antagonism to them." Arguing in this way a division is made into chemical and mechanical stimulants and narcotics. In discussing chemical stimulants, it is premised that the word is used here advisedly in a sense different to that usually attached to it: for it is applied to substances having the property of improving nutrition by stimulating the molecular activity of the body, for "increased molecular activity implies wear and tear of the tissues, and increased waste implies increased repair and active blood flow." Under this head, therefore, the action of the hydro-carbons and the carbo-hydrates are examined. As an example of the conclusions arrived at, we may quote the remarks concerning cod liver oil—"I hold that cod liver oil, when introduced into the body, liberates its force during oxidation, confers actual potential

energy and vigor on the weak and enfeebled molecules of the body, infusing a new life of activity into textures which hitherto were prone to indolence and disintegration. After this pressing want of the body is fully compensated, and its employment persisted in, then it becomes deposited as a store of fat." It is also satisfactory to find Dr. Mays' views on the subject of alcohol corresponding so completely with those of the late Dr. Anstie. "The view that alcohol is a force-producing substance under certain conditions is strongly corroborated by clinical experience. Evidence of such character points out that alcohol is employed in those adynamic states of the body which are the result of typhoid and typhus fevers, pneumonia, diphtheria, erysipelas, &c., conditions in which the forces of the body are often reduced to the lowest ebb compatible with life, and in which the action of such a substance is precisely indicated on pure theoretical grounds." Now all these substances, along with phosphorus and oxygen, are supposed to act as force producers by undergoing oxidation; whilst mechanical stimulants are believed to similarly develop force, but in an entirely different manner. Under this head are discussed quinine, iodine, opium, ammonia, cold, mustard, cantharides, frictions, and a great many others.

It is an interesting book, containing much food for thought, and the tendency of reading it would certainly be to make one more apt to think of the fundamental reasons for the use of various medicaments, the employment of which has been sanctioned by the experience of many years and hosts of observers.

Physiology and Histology of the Cerebral Convolutions. Also, Poisons of the Intellect.—By CHAS. RICHET, A.M., M.D., Ph.D. Translated by Edward P. Fowler, M.D. New York: Wm. Wood & Co. 1879.

This forms a sort of companion volume to Charcot's Localization in Diseases of Brain, translated by the same gentleman, and issued from the same enterprising publishing house. In many respects it supplies a want in current medical literature, particularly at the present time, when the study of diseases of the brain is being carried on with such ardor. There is nothing

specially original in the work, but it gives a very good summary of the facts known regarding the histology of the convolutions and their physiological functions. It is satisfactory to see in a French work the labors of English physicians properly appreciated. We do not refer to the well-known observations of Ferrier, but to the studies of Dr. Herbert Major, Lewis, and others, which have not received the attention they deserve at the hands of continental writers.

The anatomical portion is scarcely extended enough, and it would have added considerably to its value if illustrations of the vertical sections had been introduced. The chapter on the functions—motor, sensorial and intellectual—is very good, and collects an amount of information on the subject which, so far as we know, is not met with in any English work, except Dodds' Critical Analysis in the Journ. of Anat. and Physiology. We can thoroughly commend this work to those of our readers who desire to master the modern views on brain physiology. All have opportunties of studying this interesting department of our profession in every case of brain disease, and it is particularly this branch of the subject which requires working up; but to be able to intelligently study such cases, it is essential that the practitioner be versed in the facts and doctrines considered in this manual.

The second part, Poisons of the Intellect—*i.e.*, alcohol, chloroform, haschisch, and coffee—has been inserted as "padding," and is made up of a short article on the action of these substances on the intellect.

The Cell-doctrine: its history and present state. For the use of Students in Medicine and Dentistry. Also, a copious Bibliography of the subject.—By JAMES TYSON, M.D, Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, Fellow of the College of Physicians of Philadelphia, &c., &c. Second edition; revised, corrected and enlarged. Illustrated. Philadelphia: Lindsay & Blakiston.

We have here presented to us a complete history of the de-

velopment of various views and theories concerning the ultimate formation of animal structures. A short sketch is first given of the groping attempts which were made to explain this in the by-gone times without the aid of magnifying powers. Then comes the age of the microscope and the age of real discovery. A starting-point is thus made with Haller (1757), who first tried intelligently to build up the tissues by an ultimate physical element corresponding with the "atom" of the inorganic chemist. "He resolved the solid parts of animals and vegetables into the *fibre* and an "*organized concrete.*" Then are traced all the varying theories until the present day, when Beale and Huxley have effected such wonderful elucidation of the ultimate composition of the human body. The researches of the last-named especially have lent such interest to this subject of protoplasm and its changes that every one should wish to learn by what steps the present views concerning this ultimate substance have been arrived at. This, in a clear and concise manner, can be got from Dr. Tyson's history of cell-doctrine.

It is well illustrated with two lithographic plates—one colored after Beale—and contains, as an appendix, very full bibliographical references to all papers and writings of importance bearing on the subject. This addition is of great value to any one wishing to make a thorough examination of the literature of cell evolution.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O., Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, &c., &c. Parts III. and IV. New York: E. B. Treat, 805 Broadway.

We have received parts 3 and 4 of this valuable work. They contain photographs from life of marked examples of the following skin diseases: Fibroma pendulum, Varicella, Zoster (pectoralis and lumbalis), Eczema Universale, Leucoderma, Chromophytosis, Favus (capitis and corporis), and Eczema Cruris. They are admirably executed, and bring out the special charac-

teristics of each complaint in a most life-like manner. We need only say that these two numbers are quite as perfect as the first two, and would therefore repeat the words of commendation which we then used, and recommend the work to the notice of our professional friends as the very best set of illustrations of cutaneous disease which have yet been produced.

Students' Pocket Medical Lexicon, giving the correct pronunciation and definition of all words and terms in general use in medicine and the collateral sciences. With an appendix containing a list of poisons and their antidotes, abbreviations used in prescriptions, and a metric scale of doses.—By ELIAS LONGLEY. Philadelphia: Lindsay & Blakiston.

This will be found a useful little companion, especially by junior students who are becoming familiarized with the numerous technical terms used in medicine. It may prove a considerable assistance to some that the pronunciation of each word is represented by the use of the American phonetic alphabet. The signs of this alphabet can be learned in a few moments. It seems to be very complete, comprising words which have only recently come into vogue; and the appendix with poisons and antidotes, abbreviations, and the metric doses of drugs, will no doubt be found very handy for frequent reference.

Books and Pamphlets Received.

Memorial Oration in honor of Ephraim McDowell, "The father of Ovariotomy." —By Samuel D. Gross, LL.D., D.C.L., Oxon. Published by the Kentucky State Medical Society.

Archives of Dermatology.—Edited by Dr. Bulkley. October, 1879. Philadelphia: J. B. Lippincott & Co.

Transactions of the Medico-Legal Society. Volume I. November 2, 1879.

The Skin and its Troubles. New York: D. Appleton & Co.

A Text-Book of Physiology.—By M. Foster, M.A., M.D., F.R.S., Prælector on Physiology, and Fellow of Trinity College, Cambridge. With illustrations. Third edition; revised. London: MacMillan & Co.

Infant Feeding and its influence on life, or the causes and prevention of Infant Mortality.—By C. H. F. Routh, M.D., M.R.C.P.I., &c. Third edition. New York: Wm. Wood & Co.

A System of Midwifery, including the Diseases of Pregnancy and the puerperal state.—By William Leishman, M.D. Third American edition; revised by the author. With additions by John T. Parry, M.D. Philadelphia: Henry C. Lea.

A Treatise on the Theory and Practice of Medicine.—By John Syer Bristowe, M.D., London. Second American edition; revised by the author. With notes and additions by Jas. H. Hutchinson, M.D. Philadelphia: H. C. Lea.

The Pathology and Treatment of Venereal Diseases.—By Freeman J. Bumstead, M.D., LL.D. Fourth edition; revised, enlarged, and in great part rewritten by the author and by Robt. W. Taylor, A.M., M.D. Philadelphia: Henry C. Lea.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held 31st October, 1879. The President, Dr. Howard, in the chair.

Dr. Osler exhibited specimens of (*a*) Ovarian Tumor, removed by Dr. R. P. Howard from a patient æt. 33 years, after growing for nine months. It was multilocular, consisting of two large cysts and six or seven smaller ones. At the base of the tumor, and corresponding to the ovary, were two dermoid cysts, in which were skin, hair and sebaceous matter, but no bones or teeth. (*b*) Chronic valvular endocarditis, with insufficiency of the aortic valves, hypertrophy and dilatation of the heart, from a hospital patient æt. 54. There was no history of rheumatism, but had had syphilis; had been a hard drinker.

The Society then adjourned to the adjoining hall to witness a demonstration on live rabbits by Dr. Wilkins. The subject chosen for illustration was the inhibitory action of the pneumogastric nerve. A number of the well-ascertained facts of physiology bearing on this point were rapidly explained, and the reality of them demonstrated by dividing, electrically stimulating, &c., these nerves. The results were recorded by a kymograph, the mechanism of which was somewhat modified by the operato r, and was provided with a tablet of ground glass smoked

to receive the pen-points, instead of the ordinary revolving drum. This is a great improvement, and enabled all present to see the tracings produced with great clearness.

At the conclusion, a cordial vote of thanks was given Dr. Wilkins for his demonstration, with which he had taken great pains, and which had been so successfully carried out.

A regular meeting was held November 14th. The President, Dr. Howard, in the chair.

Dr. Osler exhibited a specimen of perforation of the bowels from typhoid fever. The case had been severe, with very high temperatures from the time of his admission. Dr. Howard observed that this patient had remained up and going about until compelled by weakness to take to bed. He believed that it would very generally be found that those patients did best who were earliest confined to bed and strict diet, and *vice versâ*. Dr. Bell said that the experience of the General Hospital was confirmatory of this view.

Specimen of membranous laryngitis,—the larynx and trachea and bronchi,—showed a considerable amount of membrane covering the surface, and on one tonsil was also a small yellow patch of exudation. (The case will be found among our original communications.) None of the urine could be obtained. The lungs were pneumonic, and the kidneys in a state of cloudy swelling. The question of interest, of course, was whether the case was one of croup or really diphtheria? Dr. Ross had seen the child and assisted at the operation of tracheotomy. With Dr. Osler, who was in charge of the case, he had carefully examined the fauces, whilst the patient was still under the anæsthetic, and he convinced himself of the entire absence of membrane in the fauces. This observation, and the history of the case, led him to the opinion that it was membranous croup. He believed firmly in the existence of a distinction between this disease and diphtheria. After seeing the *post mortem* specimen, and finding exudation on the tonsils, he thought doubts might reasonably be raised as to the diphtheritic nature of the case. Dr. F. W. Campbell said that previous to the well-marked appearance

of diphtheria in this city, all the cases of tracheotomy (for membranous croup) had been fatal, and this one proved no exception.

The President remarked that the question whether the case before the Society was one of laryngeal diptheria or membranous croup, perhaps, could not be satisfactorily determined; but, in his opinion, the weight of evidence was with the latter view. The attending physician had examined the child's throat before the operation and found no exudation there. The subsequent occurrence of a cheesy patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature. Such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane should also attack a similar structure in the neighborhood of the larynx. The faucial exudation was not continuous with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria,—witness plastic bronchitis and dysentery. No case of diphtheria had been observed in the house in which the child had lived for the last year. On the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here, we had fatal cases of membranous croup. They were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngitis may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme and others, said that there was no anatomical difference in the two membranes; that Niemeyer mentions cases of true croup where there was extensive exudation on the tonsils. No subsequent case appeared amongst the other children in the institution. He did not think that the presence of albumen in the urine would have aided the diagnosis, as in any case, from the venous stasis, this would be likely to occur.

The President then read his inaugural address, which will be found elsewhere.

Dr. Osler read a paper on three cases of disease of the brain. They were most carefully reported, and accompanied by sections of the brains. These reports will appear in our next number. During the discussion which followed, the President spoke of the great necessity at the present day of students learning thoroughly the distribution of the minute vessels of the brain.

A vote of thanks was unanimously passed to the President for his very interesting address.

The Council of the Society was instructed to make further endeavors for the procuring of a permanent room for meetings and library purposes.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

On Prostatic Enlargement.—Patients long before reaching the confines of threescore years and ten, some by anticipation, others by a realization, of the earlier symptoms of prostatic enlargement, not unfrequently ask advice as to how they may keep in abeyance the graver symptoms and complications of this affection. In advising such persons, I have for some years been in the habit of laying stress upon the following points:—

1st. To avoid being placed in circumstances where the bladder cannot be emptied at will.

2nd. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates such as our own, elderly persons should, both in summer and winter, wear flannel next to the skin.

3rd. To be sparing of wines, or of spirits exercising a marked diuretic effect, either by their quantity or their quality. Select

those which promote digestion without palpably affecting the urinary organs. A glass of hot gin-and-water, or a potent dose of sweet spirits of nitre, will not do anything to remove the residual urine behind an enlarged prostate.

4th. To be tolerably constant in the quantity of fluids daily consumed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore it is desirable to keep to that average daily consumption of fluids which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to the over-distension of a bladder long hovering between competency and incompetency. The retention thus occasioned, by suspending the power of the bladder, has often been the first direct step in establishing a permanent, if not a fatal, condition of atony or paralysis of this organ.

5th. It is important that from time to time the reaction of the urine should be noted. When it becomes permanently alkaline in reaction, or is offensive to the smell, both necessity and comfort indicate the regular use of the catheter. If practicable, the patient may be instructed in the use of the instrument.

6th. Some regularity as to the time of performing micturition should be inculcated. We recognise the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principle in regard to micturition.

The sum of these instructions is, that inasmuch as we cannot arrest the degenerative changes by which the prostate becomes an obstacle to micturition, it becomes of the first importance that every means should be taken to compensate for this by promoting the muscularity of the bladder and preventing it becoming atrophied or paralysed either by accident or improper usage.

When, in connection with hypertrophy of the prostate, the

bladder ceases to expel its contents, I would lay stress on the importance of attempting, without loss of time, by mechanical and other agencies, to restore its power. To do this and to bring about a healthy condition of the urine, which is about the best stimulant that can be applied to a weakened bladder, I introduce and retain a gum-elastic catheter. To this is attached a piece of rubber tubing, through which the urine escapes as it is excreted, and is collected in a receptacle placed by the side of the bed. Thus urine is not allowed to be retained for a moment. Much depends on *how* all this is done whether it proves a source of comfort or not to the patient. If it is done properly—that is to say, if the utmost cleanliness in every detail is employed, changing the catheter twice a day (thoroughly disinfecting the catheter used with carbolic lotion), and adding to this, if necessary, a daily ablution of the bladder and urethra with some unirritating disinfectant, great relief will be experienced. Under such management I have frequently noticed that the reaction of the urine, which may for some time have been alkaline, becomes acid. This alone indicates that there is now no stagnation. When the urine becomes healthy in character, I substitute for the retention of the catheter its introduction at regular intervals, allowing the patient to get up and go about.

Of the medicines that I have found most useful in restoring, in conjunction with mechanical means, the tone of the bladder, I would mention the ergot of rye, which I usually give in doses of twenty or thirty minims of the fluid extract in cinnamon-water. Of its use further experience only strengthens the good opinion of it I have elsewhere expressed in the treatment of this complication of prostatic enlargement.—*Reginald Harrison in London Lancet.*

Benzoate of Soda in Diphtheria.—Dr. Letzerich, of Berlin, has been studying the effects of the above remedy in diphtheria. It has been shown, he alleges, by the experiments of Graham that certain quantities of this remedy, when introduced into the system of an animal infected, will in a certain time put a stop to the "vegetation of the diphtheric

poison," the amount necessary for this purpose being determined by the weight of the body. In this manner, accordingly, the dose for children and adults is regulated, and it is claimed by him that up to the present time there is no other remedy that exercises so rapid. continuous and therapeutic an effect upon the development and course of the diphtheritic process as benzoate of soda.

The doses for children between one year and three years of age is given as seven to eight grammes (two drachms) dissolved in three and one-half ounces of the vehicle, the whole amount being given in the course of the day in half to one tablespoonful doses. For children between three and seven years of age eight to ten grammes (two to two and one-half drachms) are given in the same way. Those over seven years old take ten to fifteen grammes (two and one-half to four drachms), and for adults the dose is fifteen to twenty-five grammes (two and one-half to six drachms) daily in four and one half ounces of the vehicle.

An unpleasant after-effect of the medicine has never been observed, not even in young infants.

The diphtheritic membrane was treated with benzoate of soda in powder, being sprinkled on or applied through a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm covering under which an energetic development and growth of the organisms can take place.

The insufflation was made every three hours in severe cases; in the milder forms two or three times daily. With older children a simple solution of the salt (ten to two hundred) was used as a gargle.—*Boston Med. and Surg. Journal.*

On the Treatment of Mucous Polypus of the Nose.—Mr. Reginald Harrison, F.R.C.S., surgeon to the Liverpool Royal Infirmary, says: In some cases of polypus of the nose, I have recently been adopting a treatment which has given good results. In structure, these growths consist of but little more than connective tissue infiltrated with serum, and enclosed in something resembling mucous membrane;

when removed by avulsion and exposed to the atmosphere, they rapidly shrivel by the escape of their serum: their distended grape-like appearance being exchanged in a short time for that represented by little more than a few shreds of connective tissue. The treatment to which I refer consists in freely puncturing these growths from the anterior nares by means of an ordinary acupuncture-needle, thus allowing the fluid of which they largely consist to drain away. To prevent them from refilling, I follow this up by ordering the patient to inject into the nostrils a solution of carbolic acid and glycerine, which has a most marked drying-up effect, and to continue to do this daily and thoroughly for some time. In this way, I have been able to deal successfully with some cases where the growths have been of a limited nature and the patient averse to their avulsion. In the last case, I made the punctures with one of Southey's trocars, which answered well, the serum escaping through the canula. I have thus, in treatment, regarded these as being local and limited œdemas, rather than hypertrophies, and as being, when once emptied, curable by astringents. It is not always possible, from their position, to subject all these growths to puncture, otherwise I believe this plan would be found generally successful.—*Brit. Med. Journal.*

The Hypodermic Syringe in Diagnosis.—(Dr. Greenfield, assistant physician to St. Thomas' Hospital, writes a short article on the routine use of the hypodermic syringe as an aid to diagnosis. We should advise any one who has not yet learnt the value of getting assistance in this way to read Dr. G.'s remarks, and, if acted on, feel sure that he will be able to confirm all that is said in its favor.—ED.)

The employment of some instrument as an aid to the diagnosis of the nature of fluid effusions, and their distinction from solid tumors has long been a habit in surgery. The old grooved needle has now given way to more delicate hollow needles. Since the introduction of the aspirator, physicians have been led to look with far less dread upon the operation of puncturing internal organs, and those who have been most bold in its use

have had least occasion to fear any evil result. I have no doubt that there are many who, like myself, are in the habit of employing the common hypodermic syringe as an everyday aid to diagnosis and guide to treatment, and they may consider any advocacy of its use a work of supererogation; but my own experience has convinced me that a very large number of physicians do not avail themselves of it, and that those who do, resort to it but rarely. For some years I have constantly and systematically employed it, more especially in the diagnosis of chest diseases; and the occasions for its aid are so frequent in my own experience that similar instances can hardly fail to occur in the practice of all. And I must say that I have never seen any ill result follow in its use, whilst it has furnished invaluable information in a large number of cases.

Let me speak first of chest diseases. It is especially in cases of pleural effusion that it comes into requisition. We may have signs pointing to, but not decisively indicating, the presence of fluid, or may be in doubt whether they indicate consolidation or fluid accumulation; or, on the other hand, we may be sure there is fluid, but uncertain whether it is serous, purulent, or sanguineous. Our doubts are immediately settled by a puncture. Again, when fluid has been discovered, we may be uncertain whether there is only one effusion, which we may relieve by aspiration, or whether there are other loculated effusions which would not thus be reached. By two or three punctures in different situations, we may be able to decide this point, finding that the fluid has different characters at different positions. To give a case in point:—A patient who had long suffered from symptoms of mediastinal tumour of doubtful nature, with consolidation of the whole of one lung, but with little expectoration, suddenly began to bring up large quantities of fetid pus. The question whether this was due to an unrelieved empyema, or to purulent accumulation pent up in the lung itself and suddenly finding an exit, seemed an important one for prognosis and treatment. A puncture near the lower part of the lung withdrew perfectly clear serum; another, a little higher up, removed some fetid pus, in every respect like

that expectorated, together with some air. Immediately afterwards a small quantity of bright-red blood was coughed up. These facts, taken together, were indicative that there was a loculated pleurisy, and that the second puncture had entered the lung itself, and removed from eroded lung-tissue some fetid pus, as was proved a week or two later by the autopsy. I may add that this is the only instance I can recall of an apparent ill result from such puncture, and here no real harm was done.

In very many cases both diagnosis and treatment must be determined by the nature of the fluid accumulation. Let me especially instance the very obscure and difficult class of cases in which, with but little evidence of acute illness, we find dulness with loss of respiratory sounds, and slight or no friction at the lower part of the right lung. We may and ought to be largely guided in our diagnosis by the history of the case and by the physical signs, yet how often is the conclusion erroneous if we rely upon these alone. Who has not seen cases of hydatid or abscess of the liver diagnosed as simple pleurisy? And how often are these cases complicated, either as the result of a secondary or coincident pleural inflammation, or as a sequel of perforation. Whatever be our views as to the desirability of evacuation by puncture or otherwise, there can be hardly two opinions as to the wisdom of ascertaining the actual state of affairs, that our general treatment and prognosis may be guided by it.

It would be easy to multiply cases in which the use of the hypodermic needle has given valuable information as to the presence or nature of pleural effusions. Further, it may be employed both as an aid to treatment or for actual treatment of such cases. In many cases in which it is decided to aspirate, or to introduce a trocar, it is very desirable to determine precisely the lowest point at which fluid readily flows, and, in the case of loculated effusions, to fix exactly the site of puncture. By no means can this be done so readily and so exactly as with the hypodermic needle. I am in the habit in all such cases of using this first, and often make three or four punctures to decide upon the most favourable spot. This having been done,

we can decide exactly what sized needle or trocar to use, and how deeply it must go. In the case of small effusions, and also in empyema in infants, we may use the hypodermic syringe alone, repeatedly removing small quantities of fluid.

In many other circumstances we may also employ this method. In the case of abscesses seated near the surface of the body, such as some hepatic abscesses, perityphilitic abscesses, and the like, and in a large number of swellings in limbs, &c., of doubtful nature, which come rather under the care of the surgeon, we may gain most valuable information. But this is not a fitting occasion for pointing out all the uses to which it may be applied.

Before summing up the points in favor of its use, let me say a word of the kind of instrument to be used and the method of use. First of all, to fulfil all the conditions, it is essential that the needles should be fine, with a grooved and very sharp point, that they should be made of polished steel, and that they should be kept well tempered and scrupulously clean. The syringe should be rather large, made of glass, with metal fittings, and the piston always well soaked. The junction of the needle with the syringe must be thoroughly air-tight. It is essential that the operation of puncture should be as nearly as possible painless, that we may be able to tell the patient that it is less than a pin prick, and justify our statement. The needles should not be less than one and a quarter, nor as a rule more than one and three-quarter inches in length. The diameter should not, I think, exceed one millimetre. These details are not unimportant, for a very large number of common hypodermic syringes do not fulfil these indications, and I believe that they are essential if the pain is to be reduced to a minimum. Where it is desirable only to remove a moderate quantity of fluid, from one to one-and-a-half ounce (even a smaller quantity may sometimes be removed in empyema of infants with advantage), I employ a larger syringe, holding about an ounce, which is screwed on to the needle *in situ* after screwing off the small syringe.

As to the method of use, little need be said. The site of puncture having been determined upon, the ball of the left forefinger is firmly pressed into the intercostal space at the spot

indicated, and the needle plunged boldly in close to the point of the nail. The pressure of the finger seems to deaden the sensibility of the skin, and the finger serves as a guide to prevent puncture of the rib. By way of preface to the patient, it is rarely necessary to say more than "Do you mind a prick?" and almost before the answer "Oh, no" is completed, the whole operation is over. Often I have been asked when I was going to begin, when I had already finished. The needle should be withdrawn rapidly, the finger being pressed against the skin close to it. Any long preface or display of instruments is to be avoided; for even a moment's apprehension may be prejudicial to a nervous patient; and the small size of the instrument is in this respect a great advantage.—*Lancet.*

Compression of the Common Iliac.—In amputation at the hip-joint, the prevention of hemorrhage is of the greatest moment. Mr. Davy, of the Westminster Hospital is the deviser of an ingenious plan, which he again calls attention to in the *British Medical Journal.* It is that of making pressure upon the common iliac artery by means of what he calls a lever passed up the rectum. This instrument he describes as follows:—"The lever is turned out of ebony, and varies in length from eighteen to twenty-two inches. Its surface is very smooth and polished, and its ends are rounded off much like the finger-tips. The maximum transverse diameter is five-eights of an inch. The rectal end is graduated to an inch scale, so that the surgeon who applies the lever can at once learn whereabouts may be the end of the rod." Mr. D. details ten cases in which it had been used, with the surprising result of only sixteen and one-fourth ounces blood lost in all put together. The writer says:—"I commend this simple method of restraining hemorrhage to the notice of operating surgeons as safe, reliable and effectual. Its future is by no means limited to amputations at the hip, but is applicable to all surgical procedures where it is desirable to check *pro tempore* the blood-current through the aorta or iliac arteries."

CANADA

Medical and Surgical Journal.

MONTREAL, DECEMBER, 1879.

THE ADDRESS ON SURGERY.

A condensation of the address on surgery, prepared for the late meeting of the Canada Medical Association, has been published in the *Canada Lancet*. From its perusual we find that the author is strongly opposed to Listerism both in principle and in practice. He is, of course, fully entitled to maintain his own views, and to support them by all fair argument and illustration: just as much so as was Mr. Savory in his Cork address, which has been submitted to such strong adverse criticism. But we cannot fail to reprobate the bad taste which has taken the writer out of his way to cast covert sneers at the great and eminent surgeon who is the champion of antiseptic dressings. Alluding to John Hilton and others of his day who supported views principally enunciated in the well-known work on "Physical and Physiological Rest," Dr. Canniff says: "Unfortunately the modesty of these master teachers did not allow them to disseminate their views by missionary journeys to different parts of the world. They did not make a point of indoctrinating young students and sending them forth with the enthusiasm of neophytes. Had the profession fully understood their scientific teachings, and cast away the improper and too often injurious surgical appliances of a quarter of a century ago, and adopted a line of treatment in harmony with scientific teachings, there would have been little chance for the aggressive assumptions of Prof. Lister."

We do not believe that this represents at all the feeling of Canadian surgeons generally toward Prof. Lister. Though

some seem incapable of appreciating the philosophic mind, the great learning, and the immense scientific research of this eminent teacher, yet we know that the medical men of this country are not behind those of other parts of the world in recognizing the great debt of obligation which surgery owes to Lister, even apart from the vexed question of carbolic acid, because of the extent to which his example and success have led to greater care and more minute attention in the dressing of all wounds. Let *us* also of Canada give, without grudge, the meed of praise and honor to one who has been received with plaudits and acclamations by the assembled surgeons both of the old world and the new. We wonder if it occurred to any one else that it was *immodest* on the part of Lister to lecture at Philadelphia or to give a demonstration at Amsterdam! or that it was modesty alone which kept John Hilton from following a similar course! Then these *young students* who are indoctrinated by this misleading teacher—who are made to have "visionary views of external influences through air germs"—who are they? They are composed chiefly from amongst the best and most advanced surgeons of Great Britain, Europe and America—many of them already ripe in experience, but not too proud to learn of one who can show them reason for what he recommends and success from certain methods. We do not desire to say more. We regret that such expressions, conveying, as they do, uncalled-for disrespect to one of the ablest living scientists, should be found in a document laid before our Canadian Association. Lack of time at the meeting prevented the reading of the report, otherwise, we doubt not, this would then have received attention, and we should not have found it necessary to make this disclaimer.

THE ONTARIO MEDICAL COUNCIL.

We learn from the *Canadian Journal of Medical Science* that "notwithstanding the fact that the Executive Committee of the Council felt themselves compelled to register a British graduate without examination, it is the intention hereafter to refuse

to recognize this case as a precedent, and to compel all seeking registration to show that they have complied with the requirements of the Ontario Medical Act." The *fact* alluded to, however, is a stubborn one, and we do not think that, as matters now stand, the Council will be able to enforce the rule of examination upon those holding British qualifications. The *Canadian Journal* congratulates the Executive Committee, and thinks that they will maintain their rights. We, on the contrary, hope that they will rather see their way to promoting, or assisting in accomplishing, general reciprocity. That is what Canada wants, and we object to anything which tends to block and embarrass a scheme even now well under way.

REGISTRY FOR NURSES.—The *Boston Medical and Surgical Journal* announces the opening of a directory for nurses in that city, and says:—"To the necessity for such a registry there is from all sides the most ample testimony. From physicians who may have spent several hours driving about the city for a desirable nurse, and this is no uncommon experience; from the laity, who frequently arrive at the real character or acquirements of a nurse by personal experience only; and from nurses who, though capable, often find great difficulty at first in bringing themselves to the notice of the public." The management is composed of three experienced ladies and two active physicians, and a small fee is charged for furnishing names. Parties from a distance will also be supplied on application by letter or telegram. We believe there is ample scope for a similar establishment in Montreal and other Canadian cities, and would strongly urge some influential persons to start it, and we know it could not but prove a great public boon.

TYPHOID FEVER of an unusually severe type has been prevailing in Montreal for some weeks past. A great many cases have occurred in the Western and North-western parts of the city, which is in every respect the best built and best located of any, and deaths in this area are being constantly reported. This disease with us always becomes more or less endemic

during the autumn months, usually commencing towards the end of August, and increasing through September and October. Taking the admissions to Hospital as an average guide of its prevalence, we have noticed that typhoid was notably absent during the month of September, and during that month our exceptional freedom from that scourge was several times com mented on by the attending physicians. But, suddenly, during October, cases were admitted in rapid succession until at one time 20 to 25 were under treatment at once. The mortality amongst these also has been greater than usual.

Medical Items.

PERSONAL.—Dr. Craik's many friends will be glad to hear that he has almost completely recovered from the painful poisoned-wound of the finger which has confined him for several weeks to the house.—Dr. Ritchie (M.D. McGill, '76) has removed from Montreal to St. Paul's, Minn., where we are sure his known abilities and genial, social qualities will soon procure him many friends and patients.

EXAMINATIONS PASSED.—The following gentlemen, both graduates of McGill University, have successfully passed (30th October) the examination and received the diploma for Licentiate of the Royal College of Physicians, London: F. S. Greenwood, M.D., and J. W. Wright, M.D.—John B. Lawford, M.D., Holmes Gold Medalist, McGill, 1879, obtained the membership of the Royal College of Surgeons of England, at the examination held on the 18th ultimo.

—The death of Mr. Callender makes a vacancy in the staff of surgeons of St. Bartholomew's Hospital, which will be filled, presumably, by the promotion of Mr. Willett, at present senior assistant-surgeon of the hospital. The then vacant office of assistant-surgeon will, it is generally anticipated, be conferred upon Mr. Butlin at present surgical registrar of the hospital.—*Brit. Med. Jour.*

OPENING OF THE NEW EDINBURGH INFIRMARY.—The new infirmary, which has occupied about nine years in building, was

formally opened on Wednesday, October 22nd, by the Lord Provost of Edinburgh, in the presence of the Magistrates and Town Council of the City; the Senators of the College of Justice; the professional Staff of the University; the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons; the managers of the Infirmary: deputations from the Presbyteries and other public bodies; and a long concourse of students of medicine, and others. The assemblage was addressed by the Lord Provost; by Dr. Peddie, President of the Royal College of Physicians; by Mr. Imlach, President of the Royal College of Surgeons; and by Sir Robert Christison.

ESMARCH'S BANDAGE IN MINOR SURGERY.—A writer in the *Australian Medical Journal* calls attention to the value of Esmarch's bandage in the minor surgical operations about the extremities. He has employed it in a number of cases in which no anæsthetic was given, and with almost complete annihilation of pain. In-growing nail, incision of paronychia, removal of foreign bodies, and amputation of phalanges, can be practiced in this way very satisfactorily. A thin solid band or an ordinary Chassaignac's tube may be rolled from the very end, and then a common bandage continued some distance up and made fast. We have seen the plan answer extremely well and can recommend it.

"CHICAGO MEDICAL GAZETTE."—We have received the first number of this publication, dated January, 1880. It is edited by E. C. Dudley, M.D., and seems to contain a good selection of editorial and other matter. We wish it success.

DIPHTHERIA IN LOWER ANIMALS.— In a house at Ogdensburg, N.Y., five children were ill with diphtheria. Three kittens who had been playing with them from time to time took the disease and died. *Post mortem* examination showed diphtheritic membrane in their throats.—*Med. and Surg. Journal.*

—The *Phila. Med. and Surg. Reporter* says:—"Some time ago we called attention to the disparity which exists in Montreal between Protestants and Catholics in reference to deaths

from diphtheria. In a late issue the *British Medical Journal* points out the greater prevalence of the disease among Dissenters compared with members of the Established Church. The subject is a curious one, and merits further investigation."

—Another act of great practical beneficence is announced on the part of Mr. Erasmus Wilson. It is his intention to build a new wing for the Margate Infirmary to contain wards for 70 patients, a tepid sea-water swimming bath, and a chapel for 300 persons. The cost, it is estimated, will exceed £20,000 stg.

—The *British Medical Journal* circulates weekly nine thousand copies, and usually contributes to the funds of the British Medical Association upwards of twenty thousand dollars. A brilliant success in medical journalism.

—A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster, when he married him a short time since, missed his opportunity. He is of opinion that when the Dean put the familiar query in the marriage service, it should have run thus:—"Do you take this anthropoid to be your coördinate, to love with your nerve-centres, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primary atoms?" The learned professor would probably have thought twice before answering, "I will."

MEDICINAL FLUID EXTRACTS.—Our subscribers will please notice Messrs. Wyeth & Bros.' advertisement. These extracts have been tested and found reliable. Samples are being distributed among physicians throughout the country, and the manufacturers ask for them a fair trial. Their compressed powders are also very convenient in form, and being free from all excipients, are very soluble. They are fast growing in popularity, and physicians may rely on obtaining good results in prescribing them. The Messrs. Wyeth also manufacture an Elixir of Cuca Leaves, which will be found a very elegant method in which to prescribe this now fashionable remedy. In their Emulsion of Cod Liver Oil with the Hypophosphites, each tablespoonful contains 6 grs. of pure hypophosphites of lime and soda.

SACCHARATED PEPSINE.—Messrs. Kidder & Laird have lately begun to manufacture a very elegant preparation of Pepsine, combined with Sugar of Milk. We have been favored with samples of the above, and from experience can recommend it in cases of Dyspepsia. Physicians who feel desirous of trying the remedy for themselves, can obtain sample packages by applying to the wholesale agents, Messrs. H. Haswell & Co., 150 McGill Street, Montreal.

CANADA

MEDICAL & SURGICAL JOURNAL

JANUARY, 1880.

Original Communications.

CASE OF THORACIC ANEURISM IN AN UNUSUAL SITUATION: DIAGNOSIS AIDED BY TRACTION ON THE TRACHEA.

By GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University.

(Read before the Medico-Chirurgical Society of Montreal.)

GENTLEMEN,—Cases of thoracic aneurism are sufficiently common here—so much so, that I should not have deemed it worth while presenting this instance to the notice of the Society were it not that I think there are a few points connected with it of some practical interest and value both with reference to diagnosis and treatment.

E. H., æt. 39 years, book-keeper, a man of small stature (about 5 feet 4½ inches) and delicate build, first consulted me about himself on the 23rd November, 1878. He complained of a dry, teasing or hacking cough, which had been gradually getting more troublesome for three or four months. It annoys him most in the mornings, when, with a good deal of trouble, a small quantity of thick expectoration is got rid of. Walking against a wind or up-hill, a paroxysm of cough is apt to come on, and renders him rather breathless. He began about three weeks ago to suffer from pains in the front of the chest—*i.e.*, in the sternal region, and somewhat to the left side: this had never been severe until the previous evening, and it was that which

determined him to seek advice. He has also had at times an odd pain in the left arm, about the centre of the biceps muscle. Has not been feeling noticeably weaker of late; has not lost flesh; has never had hæmoptysis nor night-sweats; his appetite has remained good. On enquiring into his family history, I found that his father and one sister died of consumption, and that his mother had suffered for many years from some asthmatic complaint. The patient coughed whilst I was speaking to him, and I observed that it had a remarkably harsh, rough, barking character, but there was no hoarseness nor any other affection of the voice.

The physical examination of the chest showed as follows:— No flattening or depression of the chest-walls, but inspection and palpation clearly show that the expansion-movement of the left side is markedly deficient. The percussion note is everywhere good, except over the left front, where it is somewhat non-resonant. Vocal fremitus rather deficient on the left side. The vesicular murmur is heard with normal intensity (perhaps a little plus) and character everywhere over the right lung; but, on the contrary, on the left side (both back and front) an extremely weak and distant murmur can with difficulty be made out. There is, along with this, a rough tracheal blowing sound. No râles anywhere. Heart-apex in normal situation, rather forcible; first sound rough at the base, but no murmur and second sound accentuated on the left side. Careful exploration failed to discover any area of abnormal dulness in or near the aortic region; nor is there any unusual pulsation to be felt. Rather strong pulsation is found in the carotids at the root of the neck and in the episternal pit. Pulse 72; radial pulses equal. No inequality of the pupils.

My diagnosis which I wrote on the note of the case at his first visit was aneurism of the latter part of the arch of the aorta pressing upon the left bronchus. This opinion I never saw any reason to alter, and it has since been confirmed by the *post-mortem* examination. For some weeks my patient would not consent to lay up and be treated as I could have wished. He was able to continue his office-work, and persisted in doing

so. But often, on going up a slight rising ground to his home, was seized with severe dyspnœa and choking cough. The cough continued to annoy him, and the amount of expectoration increased, and it became muco-purulent in character. I could do nothing more than caution him concerning any violent exertion, prescribe soothing remedies and inhalations, and advise the employment of good food and mild stimulants. By the month of January following he coughed a great deal—the same hard bark—and spat up, especially in the morning, considerable quantities of purulent matter. Attacks of sternal pain had been pretty frequent, and often kept him from sleep. His strength had somewhat failed, but even now it required strong urging to cause him to agree to confinement to bed and a stricter line of treatment. At this time, at my request, the patient was seen in consultation by my friend Dr. Drake, who, after a careful examination, confirmed the points I have related above. The Doctor further agreed with me that we had indications of pressure by tumor upon the left bronchus, and that this tumor was probably aneurismal, but suggested the possible occurrence of some other form of enlargement, such as scrofulous enlargement of the bronchial glands. I pointed out that forcible and distinct pulsation could be felt by seizing the box of the larynx, with the head thrown back, and drawing it strongly upwards. On the strength of this further observation the original diagnosis was maintained. I now put him upon Tuffnell's treatment. He was kept strictly in bed, on a tolerably restricted diet—(I did not like to push this too far, as he was a puny fellow, and of a phthisical family)—and was given first 15 and afterwards 20 grains of iodide of potassium three times a day. As far as relieving the symptoms went, the treatment was very satisfactory. In a fortnight the cough was *entirely gone*, and he had no more pain. This was persevered with until the beginning of May, when he was allowed to get up a little while every day. He was, of course, pretty thin from long confinement, but with increase in quality and quantity of his food he soon picked up, and by the middle of June would sit up all day and took moderate exercise. In July he went to the country, where he never was

well, and soon returned to town. He now had severe and distressing cough, with purulent expectoration, was losing his appetite, and getting weak and thin. From this time he rapidly failed, and ultimately died from exhaustion on the 1st Sept., 1879.

I have not troubled you with further details concerning the physical examination of the chest, because its results remained substantially unaltered from those at first detailed. For some weeks, however, previous to his death, coarse moist râles could be heard over the front of the right lung.

Autopsy—30 hours after death.

On opening the thorax, an ovoid swelling is seen above and to the left of the pulmonary artery. Adhesions in both pleuræ, most numerous in left. *Heart*—Right chambers contain blood and clots, valves normal. Left ventricle has a moderately firm clot, interlaced with chordæ. Wall of average thickness. Muscle substance pale. Valves healthy. On slitting up aorta, *intima* of ascending portion very atheromatous. Projecting from the lower and back part of the arch is a saccular aneurism with a large circular orifice 35 millimetres in diameter, with round smooth edges. The sac is somewhat flattened from before backwards, and occupies a peculiar position between the trachea and the ascending part of the arch of aorta, beyond which it projects on either side for 35–40 millimetres. The sac contains fresh blood and clots, and at lower and lateral parts layers of firm fibrin. The walls are thick, firm, and smooth. Immediately behind the right half of the sac is the bifurcation of the trachea, and the left bronchus passes along the posterior wall just opposite to the mouth. Descending aorta presents numerous atheromatous patches. Trachea itself is not compressed; mucous membrane thick, and covered with a glairy mucus. Left bronchus is somewhat narrowed by pressure, and is quite full of dirty thick mucus. Mucosa is rough, and near the bifurcation presents two small ulcers. Mucous membrane of right bronchus more natural. *Lungs*—Left, collapsed and airless. On section, it is riddled with numerous small cavities containing a dirty purulent fluid. The upper lobe is quite honeycombed; the lower lobe presents

areas of collapsed lung tissue. Many of the small cavities are in connection with bronchi, but they are not all bronchiectatic. Right lung crepitant, except at apex, where there is a small cavity and a few cheesy nodules.

Nothing of note in other organs.

Remarks.—There are only a few points in this case on which I wish to make a few remarks.

1st, The situation of the tumor. 2nd, The character of the cough. 3rd, The communicated tracheal pulsation. 4th, The influence of treatment.

The situation of the tumor is unusual. Its orifice of communication with the lumen of the aorta is beyond the last of the great vessels springing from the arch. Considerable evidence of atheromatous change was found in the lining membrane of the ascending and transverse portions, and, under these circumstances, one would rather expect to find that this part had at some portion given way, owing to its feeling the full impact of the blood-current. Probably the softening changes advanced most rapidly at this spot, and thus permitted of the dilatation taking place. The growth from its situation necessarily pressed backwards, and produced pressure both on the bifurcation of the trachea and on the left bronchus. That both these conditions were present was clearly made out during life. The former by the peculiar character of the cough, and the latter by the airlessness of the left lung.

The character of the cough was peculiar. It had a deep, gruff, hoarse tone that clearly was not of a laryngeal nature at all. This peculiar cough, which is not so easily described, but can readily be recognized when heard, is, I think, never produced except by pressure upon the trachea. At the very first examination of this patient, the sound of the cough made me suspect and look for an aneurism.

It was shortly after having been consulted by this patient that I noticed in one of the Medical Journals that attention was drawn by an army surgeon to his frequent observation of pulsation from thoracic aneurisms communicated through the trachea in the way

I have described. I examined for it here, and found it present in a marked degree. I mentioned this fact at one of the meetings of this Society. Since then I always examine for suspected aneurism in this way. Of course its existence depends upon the situation of the tumor. If this is placed superiorly or anteriorly, except large, it will be absent; but in tumors at the back of the arch, or in its concavity, this sign will almost certainly be found. It is in these cases of deep-seated aneurism where we are deprived of the benefit of almost all the common physical signs, and where, therefore, the diagnosis becomes correspondingly difficult, that the observation of communicated tracheal pulsation may prove of great value. In this case, without it, the diagnosis might perhaps have remained somewhat doubtful.

Tuffnell's treatment was carried out here, although not with the strictness recommended by the originator of it. The patient was kept in bed, but not absolutely without movement. His diet was for several weeks dry and restricted, but still it was always in fair amount, for he was such a puny subject, and came of such a bad stock, that I did not consider it prudent to lower his vital forces too far. He took, also, iodide of potassium in pretty full doses. You will have observed, from the report of the case, that in this way the urgent and severe symptoms complained of, the paroxysmal cough, thoracic pain, and shortness of breath, were very soon and thoroughly relieved, and great general improvement took place. I have now treated and seen treated several cases of aortic aneurism in the same way, and on the whole I am satisfied that in many cases it does a great deal of good. Admitting the tendency there is in this disease to spontaneous arrest of growth and temporary relief to the symptoms, yet I do not believe that this will account for the frequency with which marked abatement of distressing symptoms will follow the adoption of a similar plan. I have never been satisfied that it will really produce diminution of the actual size of the tumor.

FATALITY IN TYPHOID FEVER.

By T. W. MILLS, M.A., M.D.C.M.,
Resident Physician Hamilton City Hospital.

Attention was called at a recent meeting of the Medico-Chirurgical Society of Montreal by the learned President, Dr. R. P. Howard, to the fact that fatality in typhoid fever depends largely on neglect in regard to proper treatment in the early period of the disease, especially with reference to *confinement of patients to bed.* Dr. Bell, the physician in residence of the Montreal General Hospital, stated that the experience of their hospital confirmed the President's views. The purport of this brief communication is to still further strengthen, if it were possible, this important statement, by illustrating its application in the cases admitted to the Hamilton City Hospital during the past year. During the year 1878 there was only one death in our hospital from typhoid fever, and in this case the fatal issue could be traced almost entirely to well-marked cardiac disease of old standing; death occurring about the time fatty degeneration of the heart is established.

During 1879 there has been in our institution a mortality of nearly 70 per cent. among typhoid cases. The same line of treatment exactly has been pursued, while the nursing has been incomparably better than during the previous year. The diet of patients has been restricted to liquids, mostly milk, with beef-tea when the condition of the bowels permitted; cold spongings—the patient always retaining the recumbent posture from the period of admission till all unfavorable symptoms had passed away. The medication was directed almost entirely to combating pyrexia by quinine, &c.

Notwithstanding these precautions, most carefully observed, the fatality during 1879 was alarmingly high, amounting, as before stated, to about 70 per cent. Now unless there has been something peculiarly fatal about the fever of 1879, we must find the explanation in the peculiar *circumstances* connected with the cases themselves. This explanation I conceived could be

found in the history of our cases prior to admission; and I am now more than ever convinced of it after reading the views expressed by Drs. Howard and Bell. To illustrate by four fatal cases occurring almost in succession:—

Case I.—L. O., a young woman, generally neglected in the early days of the fever. Great cardiac weakness; no complications; fatal issue about fortieth day.

Case II.—E. H., a young married woman in poor circumstances; neither nursing nor medical attendance of a proper kind prior to admission on about the tenth day. Cardiac weakness marked; no complications; death about 25th day.

Case III.—M. W., a young unmarried woman of nineteen. Been ill about three weeks before admission; had been "working about the house" and without medical attendance for nearly the whole of this period. Cardiac weakness pronounced, as indicated in this and the other cases by annihilation of the first sound; no complications (hæmorrhages, &c.); death on 33rd day.

Case IV.—T. D., a middle-aged man; no treatment whatever for his disease prior to admission; had been walking about the city four or five weeks after illness set in; wildly delirious for days after admission in about the sixth week; never wholly conscious; death about 50th day. The autopsy in this case demonstrated marked cerebral and meningeal congestion; but not decided inflammation. The following conclusions seem to be warranted by a comparison of the clinical notes and autopsy records:

(1.) Death was not caused in any of these cases by hæmorrhages, perforations, peritonitis, pulmonary or any other complications.

(2.) Death is traceable to prolonged high temperature, acting under circumstances highly favorable to the production of fatty degeneration and the consequent cardiac weakness it entails.

(3.) Death was due to general asthenia; the *coup de mort* cardiac syncope.

One case, with symptoms indicating an attack of greater

gravity than any of those detailed—in fact, with prolonged delirium and continuous hyper-pyrexia—nursed and treated similarly in all respects, recovered after the disease had lasted about fifty days before the *normal* was reached. But let it be noted this patient was not received from the sqnalid abode of poverty, but was brought to the hospital because she lived in S——, and was taken ill in Hamilton, at a distance from her friends. She had good medical treatment before being sent to us; and the same applies to other cases of recovery. It may, perhaps, be as well to state that in each of the four fatal cases detailed above the specific typhoid ulcers were found at the necropsies, excluding errors in diagnosis.

However strongly these facts seem to bear out the opinions I entertained regarding the fatality which, I confess, led to some heart as well as head searchings on my part, I do not know but that I should still have had some misgivings as to the correctness of the main conclusion, did it not receive abundant confirmation from the high authorities named in the early part of this little paper. Thus is afforded another example of the value of medical journals and medical societies; how else can those actively engaged in practice gather the *disjecta membra* that go to form any reliable conclusion?

SHORT NOTES ON CASES SEEN IN THE OUT-DOOR DEPARTMENT OF THE MONTREAL GENERAL HOSPITAL.

By FRANCIS J. SHEPHERD, M.D., M.R.C.S., Eng.
Surgeon to the Out-Door Department, Demonstrator of Anatomy, McGill University, &c.

Case I.—*Fistula from carious Tooth-fang.*—A. C., aged 48, carter, came to the Hospital, June 5th, suffering from a fistulous opening in the right cheek half an inch below the prominence of the malar bone. It commenced about two years and a half ago as a pimple, which soon broke, and left an opening which has been discharging a thin sanious pus ever since. The opening being on a line with Steno's duct, at first

sight looked very much like a salivary fistula, but on examination the duct was found to be quite normal. On introducing a probe into the fistulous opening, it passed upwards and inwards for about an inch and a half in the direction of the roots of the first molar of the upper jaw. The teeth appeared to be perfectly healthy, and the man said he never had toothache in his life, nor had he ever lost a tooth. He strongly objected when I suggested the propriety of extracting the first molar, but consented to abide by the opinion of a dentist.

Mr. Geo. Beers kindly examined the man's teeth for me, and after examination wrote me as follows about the case: "The first molar of upper jaw is diseased. The reason why the usual symptoms of alveolar abcess are not present is because of the recession of the gum and alveolar process, which permits an imperceptible discharge of pus and probably prevents pain in the vicinity of the tooth." The man now consented to have the tooth extracted, and a carious spot was found in one of the fangs. Two weeks after the extraction of the tooth the fistula completely healed, leaving a puckered scar.

CASE II.—*General Psoriasis.*—W. C., aged 10. No history of any skin eruption in the family. Mother said she has had several miscarriages, and had lost three children before the age of three weeks. Eruption covers the whole body, but is most seen on the face and extensor surfaces of the arms and legs. There is no eruption in the hairy scalp or palms of hands. Has lasted for two years, and never been treated. Ordered ℥iii of liq. arsenicalis three times a day, and gr. xx of chrysophanic acid to the ounce of simple ointment to be rubbed in once a day. He came back in a week; the chrysophanic acid had caused so much irritation that it was discontinued and Unguentum picis substituted. In another week he again returned; the irritation caused by the acid had entirely disappeared, so that the chrysophanic ointment (gr. xv to the ounce) was again ordered, and the arsenic which made him sick at stomach was discontinued. There was now no eruption to be seen on the face, and much less on body, but as much as ever on the extremities. The chrysophanic acid was steadily applied for the next three weeks, at the

end of which time the eruption had entirely disappeared. The boy was altogether a little more than five weeks under treatment. The last application of the acid caused but slight irritation.

CASE III.—*Bursal Tumors.*—Marie A., aged 39, married, came to Hospital Sept. 4th complaining of lumps on her knees and elbows, which she first noticed three years ago. No history of syphilis.

On examination, these lumps were found to be in the position of the bursæ of knees and elbows—on the knees about the size of hen's, and on the elbows of pigeon's eggs. These bursal tumors were quite solid, movable under the skin, and not attached firmly to the deeper structures. These tumors had probably been enlarged bursæ, whose walls had thickened and fibrinous contents consolidated. ℞ Pot. Iod. gr. x. three times a day. On Sept. 30th the tumors had diminished greatly in size. Pot. Iod. dose increased to gr. xx. She continued taking the iodide for another month, at the end of which time the bursal tumors over the olecranon processes had entirely disappeared, but those on the knees are in much the same condition now (Dec. 20th) as after the first month of treatment, having decreased in size by about one-third. She strongly objects to operative interference.

CASE IV.—*Epithelioma of Hand.*—Monique D., aged 75, married. Oct. 20th—The skin on back of left hand, over the 1st and 3rd metacarpal bones, was much thickened, nodulated, and of a livid red color. It had a hard fibrous feel; was not attached to the deeper structures. The tumor was about the size of a silver dollar. On passing in a grooved needle, it passed through dense fibrous tissue first, then into soft cheesy substance, which could be squeezed out, and had the appearance of sebaceous matter. Not having a microscope at hand, we were unable to examine this substance. The woman said that this growth had commenced first as a small nodule eight months before, and that it had been steadily growing ever since; the skin had never been broken, and at times there was severe pain in it. The diagnosis rested between scirrhus and epithelioma. The situation and

absence of continuous pain was against it being scirrhus, but it had much the appearance and feel of scirrhus. The time it had lasted, without any alteration, was not in favor of its being epithelioma. However, one thing was certain—viz., the necessity of its removal. Having put the woman under chloroform, I removed it by an elliptical incision; the growth not being attached deeply, was easily dissected off, care being taken to avoid some large veins which ramified underneath it. Not being able to bring the edges together, the wound was put up in dry dressing, a splint put on the palmar surface of hand and wrist, and the whole carefully bandaged. The dressing was changed once a week, and at the end of three weeks the wound had almost healed. Plain water dressings were now substituted, and at the end of a week the wound had completely healed. Dr. Osler kindly examined the growth, and found it to be well marked epithelioma: the soft cheesy matter under the microscope showed the characteristic nests of cells to be particularly well marked. The hard portion of the growth, on cutting it, had to the naked eye the appearance of a scirrhus, creaking when cut with the knife, and a milky juice being easily squeezed out.

Case V.—*Acne Rosacea.*—Marie F., aged 32, married. Has an eruption of acne rosacea on cheeks, nose and chin. Eruption worst on chin, and forehead slightly affected. This eruption has lasted for several months, but has become much worse the last week. Menstruates every three weeks; menstrual flow very profuse, and lasts from seven to ten days. Ordered Mistura Ferri, and an ointment of Chrysophanic Acid gr. xx. to ounce of Unguentum simplex to be applied daily. In two weeks she came back much improved in appearance, though her face was somewhat stained by the acid.

In another two weeks she came back almost well; she had discontinued the ointment, and the staining had gone off. Her last menstrual flow was much less in quantity, and altogether she feels better. I have not seen her since.

Case VI.—*Syphilitic Eczema.*—Maggie C., aged 24, servant, unmarried. Came to Hospital October 9th suffering from

a pustular eczema of the face. The eruption was most marked on the forehead, upper and lower lips. The thick yellow crusts of dried pus well seen on lips. Eruption on forehead weeps copiously. Has no eruption on any other part of body, and says she has never had any. Has had sore throat for some time, and on examination the fauces were found reddened and presented suspicious marks of old ulceration. The eruption has lasted since January last (8 months), and "has been treated by many doctors." She says it came on after an inflammation of the lungs. Ordered ʒss of Green's Mixture three times a day, and Unguentum Sulph. co. (U.S.P.) to be applied every night on going to bed. She came back in a week, and the eruption was drying up rapidly. Has now some spots of psoriasis on the flexor surfaces of both arms. She now admits that she has had such spots before. Continued same treatment. On Oct. 23rd the eczematous eruptions of face had all disappeared, except on lower lip, which is much swollen, and has a tubercular-looking mass on it which bleeds when touched. The psoriasis had entirely disappeared without any local application, leaving small copper-colored stains. To continue the Green's Mixture, and apply Ung. Hydrarg. to the lip. When last seen on Nov. 6th the tubercular mass on the lower lip was very much smaller and quite dry. Gums affected with the mercury. Ordered an iron tonic; Green's Mixture discontinued. Have since heard that she is completely cured.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER THE CARE OF DR. ROSS.

Case of unusually Acute Pneumonic Phthisis, with Typhoid Symptoms.

(From the Notes of Mr. H. Stevenson, Clinical Clerk.)

The patient, H. W., a powerfully-built Englishman, æt. 39, whilst at sea on the 7th November, 1879, experienced a severe chill from exposure during muddy weather the previous day.

He was confined to his berth, feeling feverish, and coughing, with a sharp pain in left side of chest until he reached this port on the 10th November. The cough persisting, with feverishness, medical aid was summoned a week later. At this time the temperature was found high, the cough dry and hacking, and there were physical signs of rapidly extending consolidation of upper lobe of left lung. Cough attended by scanty, rather rusty, expectoration—fever—occasional attacks of delirium, and the physical signs of solidification of left lung continued until another week (the third of his illness) had nearly passed, when patient was brought to the Hospital. On admission, November 25th, he was able to give a tolerably clear account of the onset and course of his illness, but soon became wildly delirious, starting out of bed, and talking very loudly and excitedly. The temperature in the evening reached 103 2-5° F.; little cough and slight rusty expectoration; pulse 140 and respirations 42 per minute; face deeply suffused; pupils dilated, conjunctivæ has a sub-icteroid look; skin and lips dry; teeth covered with sordes; tongue hard, dry, and covered with a dirty-brown coat—was protruded, on the demand being made, with much tremulousness; and there was marked general tremor of the muscles. Breath offensive. On examination, evidence was obtained of consolidation of the whole of upper lobe of left lung. The percussion note was markedly high-pitched; numerous harsh and coarse moist râles were heard both in expiration and inspiration, and there was no appreciable expansion of affected side. Throughout the right lung the respiratory sounds were perfectly normal. Abdomen flaccid; no localized tenderness. Urine highly colored, spec. grav. 1020; acid in reaction; contained no albumen; chlorides present to average degree in health. At night a draught of chloral hydrate and tincture of valerian was administered, after which some sleep was obtained. Poultices and occasional hot fomentations of turpentine were applied to the chest. For the next three days there was noted continuous wild delirium, with an evening temperature of 104° F.; morning, 102-3° F. Pulse 130; respirations 45, and irregular. Face flushed and pupils dilated. Tongue dry, cracked and bleeding. Physical

signs in left chest showed extended involvement of the lung. Very slight cough; no expectoration. Abdomen tympanitic. Bowels relaxed; motions dark-brown, semi-solid. Patient was put on a mixture containing two grains sulphate quinine and half a drachm hydro-bromic acid every sixth hour; milk diet, with eight ounces brandy per 24 hours, a chloral draught being given at night. On the fifth day in Hospital patient was quieter—a sleep of five hours, with occasional interruptions for nourishment, rendering him less excited. Not so much tremor. No picking at the bed-clothes, as was remarked earlier. Face was suffused; pupils dilated. Unintelligible answers given to questions. Physical signs of chest unchanged. Tongue dry and bleeding. Bowels loose. Abdomen less distended. Stools copious, fluid bilious, and contain mucus. Urine slightly albuminous. Temp. downward tendency—102° F. at evening, 101½° F. in morning. Pulse 136, shabby and weak. Respirations 44, irregular and shallow. On the sixth day, delirium was intermittent and passive. Patient very prostrate; countenance anxious; face still suffused. Temp. 101° F. at evening; nearly 102° F. in morning. Pulse 136; respirations 48. Signs of consolidation of whole of left lung, and at base of right lung moist râles heard on inspiration and expiration, with a slightly dull percussion note. Diarrhœa continued. Abdomen tense; no typhoid spots; no tenderness.

Dec. 1st—Seventh day in Hospital.—The patient was rather brighter. Slept well during previous night without a draught. Little or no delirium. Pulse slower, and respirations less frequent. Physical signs unchanged. Diarrhœa continued.

Dec. 3rd and 4th.—Passive delirium; patient more inclined to sleep. Breathing very rapid—60 respirations per minute; pulse weak, fast and shabby (160). Diarrhœa improved. Temperature 100 4-5° F. in morning, and 102 4-5° F. at evening. Stimulants increased to 16 ounces brandy per diem. Enemata of starch and opium, which had been ordered for diarrhœa on the 2nd inst., were discontinued. After a quiet night and rather better day, patient became rapidly wildly delirious towards evening on the 5th December (29th day of illness); respirations

very rapid and shallow; pulse intermittent and feeble; dying at seven p.m.

Note.—From friends it was subsequently ascertained that the patient, though always a drinker of beer, did not indulge much in ardent spirits. An attack of typhoid fever, experienced about a year and a half previously, was followed by bronchitis. Family history good.

Autopsy.—Seven hours after death.—In thorax lungs do not collapse; no fluid in pleuræ. A few adhesions on left side; none on right. Right chamber of *heart* full of blood; left ventricle contracted and empty. Tricuspid orifice is dilated, measuring 15 centimetres in circumference. *Lungs*—Right weighs about 850 grams, is crepitant throughout, but in posterior part contains much blood and serum, and very little air. In anterior part of upper lobe are three or four groups of small grey nodules, 5-6 in each group; no caseous masses. Left lung weighs over 1500 grams, almost double that of the right lung; pleura covering it is smooth; organ heavy, and in great part airless, being crepitant only at the anterior border of the lobes. A section through the long diameter of upper lobe presents the following appearances: At the apex there is a small irregular cavity, the size of a walnut; the walls soft, infiltrated with caseous matter. About the cavity the tissue is airless, of a reddish color, and has a glistening gelatinous appearance. The surface is not granular, but here and there through the tissue are small grey, translucent bodies about the size of a pin's head. Further down, and toward the anterior border, these grey bodies become more numerous and thickly crowded together in a deeply congested tissue. The greater part of the lobe is solid and firm; tissue dry, greyish-white in color, coarsely granular, presenting the appearance of a caseous pneumonia. In the central part the section is uniform, but towards the lower and anterior borders strands of deep red tissue separate the firm anæmic areas and give a very peculiar character to the exposed surface. In the intervening congested districts small grey granulations are seen, often close to the solid parts. The lower lobe is deeply con-

gested. Throughout entire substance are greyish-red, solid areas, some round, others in irregular tracts, but all presenting a dry, coarse surface. The anterior third of this lobe is crepitant, and contains scattered tubercles. Bronchial glands are a little enlarged; no tubercles. *Spleen* weighs 300 grams, pulp moderately firm. *Kidneys* of a deep purple-red color; capsules detach readily. On section, much congested surface of uniform deep red color: only a few lines of tubules in the cortices a little less congested than the rest. Left organ is a little firm. They weigh 210 grams each. *Liver* is large and cirrhotic.

Correspondence.

MONTREAL, Jan. 3, 1880.

To the Editors of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—Since my communication in your last number, drawing attention to the desirability of some enactment to regulate the repetition of prescriptions containing powerful drugs, I have noticed in the *Michigan Medical News* of Nov. 25th that there is a clause in the Medical Act of that State defining the duties of dispensing chemists in this matter.

I would therefore suggest to the medical profession the insertion of some such clause as the following in any future amendment of the present Medical Act:—

"If any physician practising medicine in the Province of Quebec shall write or cause to be printed on any prescription the words "no duplicate," any licentiate of pharmacy, druggist, apothecary or physician keeping a drug store who shall duplicate a prescription so marked shall be subject to a fine of $10 for each offence, together with all costs of suits."

While I am writing, it would not be amiss to draw attention to the frequent poisonings by Paris Green which have taken place in this Province lately. The facility with which this poison can be obtained is certainly much to be deplored; and it would be interesting to know why the clause in the "Pharmacy Act"

relating to the sale of poisons cannot be better carried out. By this Act no one who is not a licensed pharmacist can sell this deadly preparation of arsenic, and even the pharmacist is obliged to observe certain forms, such as registration, &c., in selling it. How, therefore, can store-keepers from one end of the Province to another sell it with impunity?

Your obedt. servt., H. R. G.

Reviews and Notices of Books.

A Guide to Surgical Diagnosis.—By CHRISTOPHER HEATH, Holme Professor of Clinical Surgery in University College Hospital, Honorary Fellow of King's College, London. Philadelphia: Lindsay & Blakiston.

This is a small manual mainly for the use of students, but which will no doubt prove useful to practitioners for easy reference. The aim of the writer has been to throw together as concisely as possible the principal features of all the important surgical diseases and accidents, so that the student shall be enabled to grasp the picture of a certain collection of symptoms and signs as characteristic of a certain disease or disturbance. The various affections are grouped together anatomically, and the symptoms are arranged as much as possible in the order in which they would strike a painstaking observer. Besides this, in all cases where it would seem to be required, the differential diagnosis between conditions likely to be confounded together is pointed out, and the tabular form of statement is frequently employed to assist in the rapid observation of the distinctive features. Marginal headings are attached to the paragraphs throughout, which is of great assistance. The arrangement is, on the whole, we think, one likely to be very satisfactory. It is a volume of handy dimensions—it can easily be carried in the pocket—and we are quite sure will prove an invaluable companion to all Hospital students in the surgical wards.

The Throat and the Voice.—By J. SOLIS COHEN, M.D., Lecturer on Diseases of the Throat and Chest in Jefferson Medical College, and on Physiology and Hygiene of the Voice in the National School of Elocution and Oratory. Philadelphia: Lindsay and Blakiston.

Winter and its Dangers.—By HAMILTON OSGOOD, M.D. Philadelphia: Lindsay & Blakiston.

The Mouth and the Teeth.—By J. W. WHITE, M.D, D.D.S., Editor of the *Dental Cosmos*. Philadelphia: Lindsay & Blakiston.

The above are three more of the series of American Health Primers which have been following each other in rapid succession from the press. The idea of popularizing general medical knowledge, which was the means of starting the publication, has been exceedingly well carried out so far. When complete, this will form a set of handy books for lay readers which are unsurpassed for the purpose intended. The first one contains a good deal of information, in condensed form, about the way in which the throat and voice should be guarded from injurious influences, and the simplest means that can be adopted for remedying any incipient trouble in that quarter.

The subject of winter calls forth special remarks upon danger at this season from errors in dress—upon inattention to pulmonary food—upon sedentary life, and several other kindred topics of general interest.

The department of the teeth, of course, commands the attention of every one. The better any one understands the causes which produce injurious disturbances in the teeth, the better will he be able, if wise, to postpone the evil hour which will put him into the hands of his dental adviser. This manual contains good, practical directions on these points, as well as a great deal of general information concerning the mode of development of teeth, the order of their appearance, &c.

Each of these books is written by one who is entirely conversant with the matter on hand, and who is in a position to

speak with authority. We have pleasure in commending these additions to the series to our readers.

A Text-Book of Physiology. By MICHAEL FOSTER, M.A., M.D., F.R.S., Prælector of Physiology in Trinity College, Cambridge. Third edition. McMillan & Co., London and New York.

The rapid sale of two editions of the work within three years is the best guaranty of its merits. There appears to be but one opinion among teachers of physiology respecting it, and it has been adopted as the text-book on the subject in the majority of the English Schools. The present edition has been considerably enlarged, and wood-cuts have been introduced. The latter is an important improvement, and will increase the value of the work to the student. In subsequent editions we hope to see additional illustration. The lack of a description of the minute anatomy of the tissues will be by many considered an objection to the general adoption of the work as a text-book in this country and the United States, in which Histology is dealt with from the Physiology chairs. Students like a text-book which covers all the subject, and we are sure that the addition of chapters on Histology would do away with the only objection which they could offer. But without this it forms the very best text-book on the subject, and, as such, we heartily commend it to practitioners and students.

Yellow Fever a Nautical Disease: its Origin and Prevention. —By JOHN GAMGEE. 8vo., pp. 207. New York: D. Appleton & Co.

We have derived much pleasure and a good deal of instruction from the perusal of this essay. The importance of the subject must necessarily command attention. Yellow fever is the great scourge of the seaports of the American coast, and its mode of origin and spread are not yet definitely settled. The author brings together a mass of evidence and argument to show that this disease is a nautical one—*i.e.*, that it is generated always on board ship, and he proposes to stamp it out by active mea-

sures directed towards the complete and thorough destruction of the poison at the fountain head. Most absolute disinfection, therefore, of a polluted vessel is what he claims as the real and only scientific way of arresting the spread of the contagion. The agency by which he would accomplish this is cold, and he gives a full description of the way in which it is believed that air at a sufficiently low temperature could be forced into every part of a ship. The idea is taken from the constantly-observed fact that visitations, even severe, cease when the temperature falls below the freezing point. On the title-page this quotation is found, "Frost puts an end suddenly to our epidemics—art never can do better than to imitate nature."

Whether this idea is a practical one or not remains to be seen. At any rate it is an attempt in the right direction. Preventive medicine is the order of the day, and everything helping to throw light upon the etiology and development of epidemic diseases will tend to furnish the knowledge necessary for prevention. We advise every one to read this interesting book.

Memorial Oration in honor of Ephraim McDowell, "the father of Ovariotomy."—By SAMUEL D. GROSS, M D., LL.D., D.C.L., Oxon. Delivered at Danville, Ky., at the dedication of the monument erected to the memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14th, 1879. Published by the Society. Printed by J. P. Morton & Co., Louisville, Ky.

It is always pleasant to find the members of the medical profession uniting to preserve in remembrance those who have in any way performed decisive services in the promotion and advancement of the true art or science of medicine and surgery. The honor done to Dr. McDowell has come rather late (he died in 1830), but nevertheless at a time specially suitable. Of late years the successes attending the operation of ovariotomy have been very remarkable and most encouraging,—infinitely beyond anything which could have been anticipated by the most sanguine in an earlier day. This being the case, it is most appropriate that attention should be directed backwards

to those who had the foresight and the courage to persevere in carrying out a surgical procedure which they were satisfied would be the means of accomplishing much good, but which had been almost universally derided and denounced. That Dr. Ephraim McDowell was the first to perform ovariotomy is generally acknowledged, both in America and in Europe.

The address of Dr. Gross has been very handsomely printed by the Kentucky State Medical Society, and it is embellished by two cuts; facing the title-page we have a neat portrait of Dr. McDowell, and at the end a photo-lithograph of his tomb, with medallion and inscription.

The Physician's Visiting List for 1880. Philadelphia: Lindsay & Blakiston.

We have received the customary annual Visiting List of Lindsay & Blakiston. The profession are well acquainted with the neatness and convenient form of this indispensable physician's companion. In spite of various competitors, we believe this list remains as popular as ever.

Books and Pamphlets Received.

A Dictionary of the German Terms used in Medicine. By George R. Cutter, M.D, New York: G. P. Putnam's Sons.

On Loss of Weight, Blood-Spitting and Lung Disease. By Horace Dobell, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest, late Senior Physician to the Hospital, etc., etc. Second edition,—revised, enlarged and annotated, to which is now added Part VI, on the functions and disorders of the Liver. London: J. & A. Churchill.

The Heart and its Diseases, with their Treatment, including the Gouty Heart. By J. Milner Fothergill, M.D. Second edition. Philadelphia: Lindsay & Blakiston.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held November 28th, 1879. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on " Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street; two hours after he vaccinated another child in St. Charles Borrommée street. Eight days after the child in Donegana street had an attack of convulsions; two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox; all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox.

Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

A regular meeting was held December 12th, the President in the chair.

The following pathological specimens were exhibited by Dr. Osler: Lungs from a case of rapid acute pneumonic phthisis (a full report will be found amongst our Hospital reports); a case of cirrhotic liver; and a case of aneurism of the anterior com

municating branch of the circle of Willis. This patient had fallen while in a shop, and died immediately. On examination the anterior communicating artery was found very wide and projecting from it, between the anterior cerebrals, was a small aneurismal pouch, with a slit-like opening on its under surface.

Dr. Wilkins then read a paper on "A case of spinal apoplexy."

Remarks on this case were made by Drs. Osler, Ross, Henry Howard, and the President.

Dr. Reddy moved, and Dr. Roddick seconded, a vote of thanks to Dr. Wilkins for his paper.

The President brought forward the subject of registration in disease, giving the facts of the manner in which this had been, to a certain degree, carried out in Ontario through the earnest efforts of Mr. Monk, of the Meteorological Department of the Civil Service, resident in Toronto.

After a full discussion, Dr. Ross moved, and Dr. Osler seconded, the following motion :—

"That this Society, having learned, through the President, of the scheme already initiated in Toronto for the weekly forwarding of reports of diseases in the practice of each medical man, strongly approves thereof, and all its members are hereby requested to co-operate in extending it to this Society." *Carried.*

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Lister's Statistics.—Prof. Lister, has often been challenged to produce his statistics, and his opponents have been generally thought to consider his failure to do so as an evidence of a disinclination to let them bear the light. At last, however, we have them :—

"The great Royal Infirmary of Edinburgh, while it is the metropolitan hospital for Scotland for surgical disease, is not a hospital to which very many injuries come, and the great majority of injuries are treated as out-patients, and hence I have

only seventy-two cases of injuries to speak of in those five years and three-quarters. Nevertheless, they were somewhat severe injuries; thirty-three compound fractures, seven wounded joints, thirty-five other severe wounds. In seventy-two cases of injuries there were four deaths, which gives 5.7 per cent.; whereas the St. Bartholomew statistics are, in cases of injury 7.7 per cent.; and none of those seventy-two cases of injuries died of blood-poisoning. Then we come to operations. All the operations that I had that have been recorded in the case-book are 845; of these thirty-seven died, or 4.4 per cent. Now Mr. Savory includes in his operations only the major operations. It is a very vague matter what we are to call the major operations and what are minor operations. I thought it would be better, therefore, to put down all my cases of operations, without excluding, as Mr. Savory has done, any group for any reason whatsoever. But, going over the operations as Mr. Cheyne has done, there were 120 that can be fairly called minor operations. A great number of minor operations have been treated as out-patients. I may remark that with antiseptic management, you are justified in treating as out-patients a large number of cases which, without antiseptic treatment, I consider you would be bound to take into a hospital. Now, subtracting these 120 minor operations, I have 725 major operations. Of the 120 minor operations, not one died. I, therefore, by subtracting the minor operations, increase my death-rate. There were thirty-seven deaths in the 725 major operations, and these give 5.1 per cent. The St. Bartholomew's statistics give 5.82 per cent., somewhat greater, not very much greater, I confess. I cannot help remarking how easy it would have been for me to manipulate the statistics a little, to make the thing look much better for myself. For example, I have had several operations, which I have included among the major operations, which have been very minor. There were three cases of spina bifida treated antiseptically. The operation consisted of introducing with a needle two or three, as the case might be, horsehairs; and one case of hydrocephalus was treated in the same manner; most minor operations, certainly; but each one of these was followed

by death. And, considering the consequences, and the greatness of the interests involved, it was only right to regard these as major operations; and every case in which I have had a death I have included in my major operations. If I had chosen to say those were minor operations, although they were fatal, the result would have looked different; and I could have reduced very much the per centage. But I prefer to do as I have done; and my mortality is 5.1 per cent. of major operations, against 5.8 on the St. Bartholomew statistics. Now, as to the deaths, we come to the great question of blood-poisoning. I had six deaths from blood-poisoning in my 725 operations, or 4.82 per cent. The St. Bartholomew's per centage was 1.44 per cent. of blood poisoning. The cases of blood-poisoning were two of pyæmia in those five years and three-quarters, two of septicæmia, and two of erysipelas. The cases of blood-poisoning require to be weighed. There is a very weighty statement attributed to Morgagni to the effect—"*Perpendæ non numerandæ observationes.*" That is to say, as we may render it,—"Cases should be pondered, not numbered;" and if we are to derive any benefit from these statistics at all, we must look into the details of them. Out of the various operations I have performed, some were, from the condition of the cases, capable of being performed antiseptically; in others this was, from the condition of the cases, impossible; as in cases where sinuses had existed in the vicinity of the joints which were excised, the removal of the tongue and so forth, where we operated in situations where septic materials must of necessity be present. Now, if I divide my operations into two groups—antiseptic and septic—I find that the antiseptic operations were 553; and of these 553, only two died, and those of blood-poisoning. And then, when we look into these, we find there was one case where the mamma had been removed, and the whole axilla had been cleared out to the collar-bone. I knew that the spray was altogether away from the wound, when the tube was removed from the axilla. The other was a case of erysipelas; the only death from erysipelas in antiseptic cases during what I cannot help regarding as an epidemic of erysipelas during that year, or one

from erysipelas. Of the septic cases, though they were much fewer, 292 operations, we have four deaths from blood-poisoning; that is to say, the deaths were eight times as numerous in proportion. That seems to me very instructive. Then, if I divide the time into two periods—before the meeting of the Association in 1875 and the time after—I find, as might be expected, that matters had improved since that period; 1871 was the date of introduction of the spray, and at first we were working comparatively under difficulties. But since 1875, the antiseptic treatment has been carried out more perfectly; and accordingly I find that, whereas between 1871 and 1875 the per centage of deaths was 4.7, from 1875 to 1877 it was only 3.8; that is to say, out of two hundred and ninety-five operations, I had only eleven deaths. Then, if I look at the question of blood-poisoning in the last two years, I find that out of those 295 operations, to which must be added a certain number of accidental wounds, I had only one death from blood-poisoning; and that one case from blood-poisoning was a case of pyæmia, where I performed a plastic operation to make a new nose. I endeavored to turn one side of the ascending process of the maxillary bone to make a support for the flap, and I split the bone; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of connection with the nasal cavity. The patient died; and, although I carefully searched and dissected the bone and the veins in the vicinity, there was no pus in the cancelli of the bone or in the vein leading from it; nevertheless, there were abscesses both of the lungs and liver. That is the only case of blood-poisoning in two years, with 295 operations.

Then let us take amputations; that is to say, major amputations. During the period referred to—five years and three-quarters—I had eighty major amputations. Of these I had nine deaths, 11.25 per cent. That, compared with what Mr. Erichsen says in his book on *Hospitalism*, where he says we must expect from thirty-five to fifty per cent. of mortality, may seem very good. I confess I should not be satisfied with nine deaths out of eighty patients, without something more to explain

them ; but if we look more into details, I had, first of all, three amputations of the hip-joint. One was a primary amputation. I did the operation practically without any hope of saving him ; but I have seen a patient come round after being perfectly pulseless, and I thought it my duty to try it. Of the other two amputation cases, one was an enormous fibroma. The operation was one of extreme difficulty, and the patient sank as the immediate result of the operation. Such a case as that has no bearing whatever on the question at issue. The third case was one upon which I operated for myeloid disease of the thigh bone. The bone looked sound when I divided it at the time ; but afterwards, on making a careful section and microscopic examination, there appeared to be disease, and I amputated the next day, at the hip-joint. The patient died in twenty-four hours. Now, with respect to the question of preventable mortality after operations, you may eliminate these hip-joint amputations. I have had four primary amputations of the shoulder-joint. One of these died. The case was one of railway injury. The bones were shattered, and he was in a state of collapse when he was admitted, and never rallied ; and that comes in very much the same category. The question was whether I was prudent in amputating at all. Then I had one death after amputation of the shoulder from disease. It was a case of malignant tumor of the arm. The amputation was doing perfectly well ; but, after some days the patient died of hæmorrhage from a tumor of the femur, of the existence of which I was not aware, and that had nothing whatever to do with the amputation of the shoulder-joint. Some vessel gave way in the thigh, and the patient died of internal hæmorrhage ; and these cases to which I have referred should be eliminated from my list with reference to the question of hospital mortality. Then we come to the two others. I had twenty-five amputations of the thigh for disease. Of these, one died ; but the patient died of diphtheria nine months after the operation, when the cicatrix was almost complete. I had eighteen amputations of the ankle, of which one died. This one was a boy, who, three months after the operation, when the wound was almost absolutely healed,

died of cerebral hæmorrhage. This, therefore, was also a case of recovery; and, therefore I submit that, when we look into these cases of amputation, no patient died from a preventable disease. Every patient recovered who had a chance of recovery.

Then, if you take another class—cases of ununited fracture; we used to operate on some of these cases in the upper limb, but in the lower limb the risk of pyæmia was considered to be too great. In the five and three-quarter years to which I have referred, I have operated eight times in ununited fracture of the thigh, nine times in the leg, four times in the humerus, and five times in the forearm, giving twenty-six cases, and in every one of these the patient is alive and well; not one died. Then I would allude for one moment to that piece of statistics to which Mr. Bryant so disparagingly referred, which has been published by my friend Mr. Cheyne. I will not dwell on the cases of injury, because confessedly cases of injury are uncertain; but I do say, when you have a series of twenty cases where healthy joints have been opened and kept open without a single failure as regards the septic element, it is a fact of great importance. Here I come to another order of statistics, where, as far as I am able to judge, we have evidence of a new principle coming into play. I may be wrong, but it seems to me that if you were to open a healthy joint, and to keep the wound open, and to put a drainage tube into it, take it out every day, wash it, and put it in again, if you did not use antiseptic means of some sort or other, you would have more or less of inflammatory disturbance, and it would be impossible to have a condition of things which we look upon as normal, absolutely no tenderness, no redness, and no increase of temperature. I say, as far as I am able to judge, this is a kind of fact of a new order, which shows that we have a new principle at work. It has therefore seemed to me more important to publish cases of this kind, even though they be only individual cases which have been somewhat hardly reflected upon. When a new principle is propounded, I cannot regard these statistics of individual cases as unimportant. I say, if a case show new patho-

logical facts, one individual such case is worth as much as a million. I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free excisions, a drainage-tube introduced, and strict antiseptic treatment used; and that from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful to practice. I have shown, over and over again, that you may have exposed in an open wound a blood-clot, and that this blood-clot, no matter how large, may remain not only free from putrefaction, but may remain indefinitely without suppuration, so that when you, in the course of time, peel away its upper surface, you find a scar without a single drop of pus having been formed. That, I say, is a fact new in the history of surgery, and indicating that we have a new principle.—*Brit. Med. Jour., Dec.* 6, 1879.

Details of treating the Wound FROM AN AMPUTATED THIGH OR FROM AN EXCISED BREAST.—Dr. Savory (*Brit. Med. Jour.*, Aug. 9, '79,) gives the details of his plan of treating wounds. These are of interest, as the plan is attended with the lowest published mortality from blood poisoning. "Having carefully arrested all hemorrhage, using most probably the carbolized cat-gut ligature, and having gently removed any particles of blood-clot that may have lodged on the surface, employing only clean water or sponges rinsed out of it, I should without further interference with the surface of the wound bring the edges together, adapting these as nicely as possible with silver wire sutures. I should not in this way attempt to close the wound completely, but I should leave spaces between the sutures, perhaps from one to two inches long. Then over the course of the wound, and for some distance on each side of it, I should place a layer of folded lint which had been previously soaked in olive or almond oil, containing about one part in fifty of carbolic acid. Over this again I would place two or more layers of dry lint, either with or without cotton wool, so arranging this as by gentle and equable pressure to secure without any violence, as far as practicable, the accurate adaptation of the surfaces of the

wound throughout, avoiding thus any considerable cavity in the interior. I should secure all this by strapping or bandage, or both, so adjusting these that they may be hereafter removed with the least disturbance. I should place the patient and the wound in the most comfortable position possible, having especial care to the fact that fluids, as they form, may flow outwards. As a rule, I do not disturb this arrangement for 48 hours, although very often I change the dressing and inspect the wound after 24. I am guided in this matter of time chiefly by the state of the patient, whether spare or full-bodied; his sense of local and general comfort; freedom from or complaint of pain; and the season or temperature. But whenever I am in any doubt I change the dressings. These, then, are removed with the utmost gentleness, and the state of the wound carefully inspected. Especially is attention directed to whether there is any tendency to the lodgment of fluid; whether that which forms can escape freely; whether there is much tension at the edges. I am bold enough to think that a surgeon who understands his business can tell, without any painful handling, whether the surfaces of the wound are fairly in contact, or whether there is any tendency to the accumulation of fluid separating them. But if any doubt arise on this important point, a perfectly clean probe or director lightly applied to some portion of the wound will solve it, and secure ample vent. If at all necessary, I should not hesitate to remove one or more sutures. If the wound presented no other evidence than that of satisfactory repair, I should dress it as before, and proceed in this fashion dressing and examining it daily or less frequently, according to circumstances. But if at the first dressing, or at any time afterward, the discharge became at all profuse, or the surfaces did not remain in contact, or there were much tension or a blush at the edges, I should forthwith substitute a bread and water poultice for the previous dressing, and probably continue to employ this until at least all the deeper portion of the wound had closed. When I dressed the wound, I should wash it probably from the first with tepid water, perhaps containing some per-manganate of potash in the form of Condy's fluid or other potent antiseptic of the

least irritative kind. I should accomplish this, washing out, if I thought fit, portions or even the whole of the interior by the use of a syringe, avoiding contact of sponges or other substances with the wound. I aim here at the utmost possible cleanliness, having at the same time due regard to the avoidance of any unnecessary disturbance, that the process of repair be not interrupted. And, withal, I endeavor, by means I need not indicate, to secure for my patient the most complete rest and the purest air."

Mechanism of Ataxia.—Dr. Brakenridge (*Brit. Med. Jour.*), in a recent clinical lecture, thus ingeniously explains to students his ideas of the way in which the ataxic symptoms are produced in Locomotor Ataxia:—

"Now, you must bear in mind that, in every muscular movement, not only are the muscles directly producing the movement contracted, but there is, moreover, a simultaneous balancing and regulating action of all the antagonistic muscles, whereby the movement is rendered steady and graceful.

"You will excuse a simple illustration, which may serve to fix on your memories the process of education of, and the power acquired by, the associated nerve-cells in such a finely complex movement, for example, as writing. Suppose that you have a long pole fixed to a firm base by means of a ball and socket joint or hinge, so as to permit of its free movement in many directions. To its free end are attached twenty ropes. These are arranged in a circle around it, and are capable, when worked by twenty men, of causing the free extremity to describe a great variety of movements. Hold a rod to some spot within reach of the point of the pole, and ask the men, by means of the ropes, to bring the pole straight to that spot. They will pull it about in a most irregular zig-zag manner before, by their combined action, it is brought to the spot indicated. But keep your rod at the same place, and let the men try it over and over again. They will observe and correct their mistakes, and coming to work more and more in harmony, will gradually bring it with less effort and in a steadier line to the point re-

quired. By careful training, the twenty men would learn to adapt their efforts so skilfully to the requirements of the case, that they would in time be able, with their eyes shut, to describe quickly and gracefully, with the point of the pole, many definite movements, such as the circle, figure of 8, etc.

In the spinal cord, the twenty men are represented by thousands of associated nerve-cells, which acting by means of nerves and muscles, regulate all the complex movements of the body. In writing, for example, movements very much like those performed by the men with the pole—but infinitely more complex and difficult—are actually performed by the nerve-cells, muscles and fingers. You know how difficult it is for a child commencing to acquire the art of penmanship to learn to make even simple straight strokes; and yet, with practice, he after a time acquires the power of forming quickly, elegantly and without consciousness of effort, the most difficult letters, and the still more difficult combinations of letters called words."

The principal errors in the centripetal impressions met with in this disease are:—"1. Diminished intensity of impressions; 2. Erroneous localisation of impressions; 3. Delay in the rapidity of their transmission; 4. Conversion of one kind of impression into another; 5. Variability of the phenomena in the same spot at different times and under different conditions.

Recall to mind the illustration of the twenty men educated to perform, with closed eyes, by means of ropes, coördinate movements with the end of the pole. Imagine similar errors to those just enumerated introduced by the impressions received by their hands through the ropes regarding the movements and position of the point of the pole. One man receives diminished impressions and will act too feebly; another delayed impressions and will act too late; another erroneously localized impressions and will act in the wrong direction; another false impressions and will act wrongly; and so on. You will see at once that the resulting action must be irregular and ataxic. With their eyes open, the men will be able by constant corrections partially to improve the movement, just as all the muscles of the balancing groups in the leg of an ataxic patient, when standing, are

seen to be in a perpetual state of movements of correction. The analogy is complete."

The Cold Bath in Enteric Fever.—Dr. Alexander Collie, Medical Officer to the Homerton Fever Hospital, writes, in the *British Medical Journal*, Sept. 20, '79 :—

A study of the papers of Professor Liebermeister and others, on the use of the cold bath in the treatment of enteric fever, led me to try it on the cases which came under my care in the Homerton Fever Hospital. I have given, personally, one hundred baths, some in severe, others in moderately severe, cases, taking as my guide not the temperature, but that *plus* the patient; for in this relation, as in others, patients vary much; the temperature with which one man may be highly delirious another bears with comparative equanimity. In the administration of our baths, then, we had regard less to the temperature than to the age, the state of heart, restlessness, and sleeplessness, and chiefly to the last. If the patient had not slept for two or three days, even if the temperature fell short of 103°, he was wrapped in a flannel dressing gown, and placed in a bath of 70° Fahr., gradually reduced to 60° in from ten to fifteen minutes, at the end of which time he was removed to bed, wrapped in a blanket. In nearly all the cases we thought it prudent to give some stimulant to the patient in the bath, from noting that its effect was to weaken the pulse, which fell but a few beats in frequency, and became thready, compressible, wavered, and sometimes almost disappeared. It required resolution to proceed with the bath in such circumstances—circumstances pointing to impending collapse, a result which occurred in two cases. The general effect of the bath was to lower the temperature, taken *per rectum*, two to three degrees at once and for three-quarters of an hour after the bath it continued to fall, about which time the maximum fall had been reached. It then began to rise, reaching its former height in periods varying from one to several hours. In a large number of cases sleep followed, varying from half an hour to two or three. The general conclusion formed of the value of the bath was that, in the

milder cases and in some of the severe cases in the early period of the disease, the bath given once or twice daily was a useful way of relieving the discomfort produced by the heat, of allaying restlessness and producing sleep; that, beyond temporary relief of symptoms, it had no effect on the course of the disease or on the general mortality; and lastly, that in severe cases the remedy was inadmissible, owing to its depressing effect on the body generally, to the exhaustion which its administration entailed; but above all, for its definite and marked effect upon the circulation, which is invariably greatly weakened. In other words, that the bath was useful in relieving symptoms in those cases whose natural termination is recovery; inapplicable, by reason chiefly of cardiac weakness, in those cases whose natural termination is death: that is, in the cases in which specific treatment is needed. The depressing effect of the bath has been noticed by Professor Liebermeister, who considers a very high degree of cardiac weakness an important contraindication. What, exactly, may constitute such a condition, will be differently estimated by different persons; but it may be inferred reasonably that one who has been the subject of a fever whose definite and specific effect is to produce, and that rapidly, some kind of muscular degeneration and death by asthenia; one who has, let us say, passed ten days without sleep and with little or no food, is a person whose condition generally is one of weakness, and whose heart in particular is weak in a very high degree. What might be inferred, a look at the patient shows at once. He lies prostrate, unable to turn on his side or help himself to a drink, the impulse of his heart gone, the first sound inaudible, and the pulse quick and feeble; in short, in a condition of exhaustion. Such a person, I submit, is one in whom there is a very high degree of cardiac weakness. To put the case briefly, those severe cases in which there is every probability of a fatal result from bodily weakness and severity of disease are not cases in which the "antipyretic treatment" is admissible.

Typhoid in Children.—*Why is it that the symptoms of typhoid fever are so slight in the child, when certainly*

children show less resistance to a great many other diseases than is offered to the same diseases by adults? I believe the chief cause must be looked for in the fact that the principal anatomical lesion in typhoid fever cannot be developed to such an extent in the child as in the adult. The glands in the intestinal tract and throughout the entire body are but slightly developed in infants. Peyer's patches are but small and few in number, and sometimes you will find no more than six or seven altogether. Their physiological function appears to be very limited, and thus it is that the pathological changes taking place in them are but slight. For pathological development is, as a rule, only an overstrained development of physiological function, and therefore I say that as Peyer's patches are but slightly developed anatomically and physiologically, they give rise to but slight inflammation, ulceration, etc., in the child.

There is another theory which has been advanced by one of the best men among us, viz., by Gerhardt. His opinion is the following: That the poison of typhoid fever is introduced into the body through the respiratory organs or through the digestive organs; that it is introduced through the respiratory organs in many cases, but in more cases through the digestive organs, especially by means of drinking-water. Now, babies and little children drink but little water, and that little has generally been subjected to boiling, etc., and is in such a condition that the infecting material is destroyed. Thus infection in infants is less serious than in adults, and in his opinion this is the reason why typhoid fever is so mild in children.—*Prof. Jacobi in N. Y. Med. Record.*

Nasal Douche—Precautions in its use.—Dr. Carl Seiler *(Dis. Naso-Pharynx*, page 76) gives the methods by which the nasal douche should be used. (1) The bottom of the vessel should, under no circumstances, be elevated more than an inch or so above the eyebrows of the patient, as otherwise the pressure is so great as to force the water into the frontal sinuses or into the eustachian tubes, giving rise in the first instance to intense frontal headache, and in the second to

an inflammation of the mucous membrane of the middle ear. (2) The temperature of the liquid should be raised in the vessel to slightly above blood heat, so that after it has run through the tube it will feel neither hot nor cold to the parts. (3) The liquid used should be of the same density as the serum of the blood. The congested capillaries being near the surface of the mucous membrane, while the liquid is on the other side, only a thin wall of epithelial cells separating them, and thus the most favorable conditions for osmosis are presented. If the liquid used in the douche be of greater specific gravity than the serum of the blood, exosmosis of the latter will take place, leaving the corpuscles more densely crowded in the capillaries, thus clogging them and producing an irritation of the sensory nerve filaments, which we perceive as a burning pain. If, on the other hand, the liquid is of less density than the serum of the blood, endosmosis will occur and the capillaries will be distended with the increase of liquid, which again causes pain by excitation of the nerve filaments. Hence the value of a liquid having the same density as blood serum. Such a liquid may be obtained by mixing 56 grains of salt with a pint of water, or an even teaspoonful of salt to a pint of water at 100° F.

New Method of Plugging the Posterior Nares.—Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of Purpura Hemorrhagica, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

" Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable, a short strand of metalic cylindrical beads, or bird shot, compressed on a cord, or small strip of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft

and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly verticle as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments. —*J. M. Spear, M.D., in Phila. Med. and Surg. Reporter.*

Clinical Study of Yellow Fever.—According to Dr. Cunisset, yellow fever is not a *poisoning by bile*, for its pigments can neither be found in the blood nor in the urine except in very rare cases. The biliary salts exist neither in the matters vomited, fæces, urine or blood. Instead of vomiting from biliary intoxication, there seems to be rather a deficiency in its secretion.

It is not a *poisoning by cholesterin*, for it is not found in the blood except in inappreciable quantities.

It is not due to *uræmic intoxication*, for in many fatal cases elimination of urea is not diminished. The blood alone contains an infinitesimal quantity; the quantity of urea, however, is diminished. If, in cases complicated with suppression of urine, the patients die in such a short time, it is because the blood cannot disengage itself of products of incomplete decomposition, these products being intermediate between urea and albuminoids.

It is not due to *poisoning by ammonium carbonate*, as the blood does not contain any, as the urine is decidedly acid in reaction.

The author thinks that the true pathology of yellow fever consists in a *fatty degeneration of the glandular and muscular tissue and the loss of hæmoglobin in the serum of the blood.*

The fatty matters infiltrating the viscera owe their origin to

a transformation of the proteid element of the tissue. The cause is an incomplete combustion and decomposition. Instead of receiving a quantity of oxy-hæmoglobin, sufficient to oxydize and convert the albuminous substances into urea, the viscera receive less than in their normal state. These materials then are decomposed into fatty and nitrogenized particles. The former remain where they are formed, and the latter pass into the blood and infect or poison it.

The author can furnish no positive proof of a smaller amount of oxy-hæmoglobin being sent to the viscera, but says that this is easily conceived when we consider the alterations going on in the blood.

It is observed that hæmoglobin is found in the serum; this is from red-blood corpuscles which can not absorb oxygen, and for that reason split up. Dr. Cunisset supposes that a ferment is introduced in the organism, this ferment depriving the hæmatin of one-fourth of its oxygen and thus preventing the formation of hæmoglobin and through it of oxy-hæmoglobin.—*Chronica Medico Quirurgica de la Habana*, July, 1879.—*St. Louis Med. & Surg. Journal.*

Pilocarpin in Children's Diseases.—Weiss (*Prest. Med. Chir. Press—London Med. Record*) has had a chance to study this remedy in fourteen cases where scarlatina was followed by nephritis and general dropsy. In four cases there was extensive bronchitis, in two diphtheria, and in one pneumonia. From this study the author concludes: (1) Pilocarpin has proved to be a very successful remedy for children who suffer from nephritis and scarlatina. (2) In giving it to children, care should be taken to begin at first with small doses, which later on may be gradually increased. (3) If the patients are very weak, and likely to collapse after the injection, a few drops of ether should be added to the pilocarpin solution. (4) The drug produces a very copious and lasting secretion of sweat, such as no other drug has ever been known to call forth—it acts quickly. (5) In cases of bronchitis, complicated by dropsy, which often produces dyspnœa in children, the affection of the

bronchi vanishes very soon after the remedy has been administered.—*Detroit Lancet.*

Vinegar as a Post Partum Hemostatic.—At a meeting of the American Gynecological Society, Dr. Penrose, in a paper on vinegar as a remedy iu the treatment of post partum hemorrhage, presented the following advantages:—

1. It could be easily obtained.
2. It could be easily applied, and instantly, without special apparatus.
3. It always cured the hemorrhage, at least it had not failed in his practice.
4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. It was an admirable antiseptic.
6. It acted on the lining membrane of the uterus as an astringent.

The remedy was applied as follows:—Saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it.

In the vast majority of cases the hemorrhage ceased as if by magic, when the vinegar passed over the surface of the uterus and vagina. It could be easily repeated if the first application failed.—*Cincinnati Medical News.*

Cold in Typhoid.—The cold-water system is losing favor, and statistics from various hospitals, as stated by Dr. Peters, of Cohoes, N.Y., and others, indicate that it does not, in many instances, compare favorably with even expectant treatment. The hospitals in Vienna and Paris have declared against it. The mortality at Ulm, Stettin, Rheinau, and Ostprussen has been increased by it. Wunderlich, of Leipsig, reports a large percentage of deaths by this treatment, and Drs. Flamarion, Grimshaw, and Pepper hold the cold bath system in decided disrepute. Liebermeister states, as the result of investigations in the hospitals at Basle, that there were, before the introduction

of cold water, 7 1-10 per cent. of relapses, with two deaths; after the introduction, 9 8-10 per cent., with ten deaths.—*N. Y. Med. Record.*

Codeia as a Sedative.—In phthisis it allays cough without disturbing the digestive system; and, in the other class of cases, I have found it tolerated when opium and morphia were not. As an instance of the latter, I may quote the case of a medical friend, a member of a gouty family, a frequent sufferer from migrane and derangement of the liver, as well as aware of his intolerance of preparations of opium. He complained of a troublesome cough, depending on slight catarrh of the trachea and bronchi, and, at my suggestion, tried codeia, with all the benefit and none of the ill effects of opium. I prescribed the drug in doses of a grain, dissolved in syrup of tolu. The French medical papers constantly contain advertisements of codeia syrup, and probably it is well known as a cough tincture in this country; but I was not aware, and others may have been as ignorant as I was, that it has those advantages over the preparations of opium and its other alkaloids. I, therefore, venture to call attention to it. Its value in diabetes is, of course, fully recognized.—*Brit. Med. Jour.*

A New Modification of the Shot-bag for Compressing Arteries.—Dr. A. F. Sawyer of San Francisco, describes a modification of the shot-bag, which he considers has certain advantages over the methods of compression in ordinary use. It consists of a strong canvas bag three inches in diameter by two and a half feet long, the lower extremity closed by a hollow caoutchouc ball two and one-half inches in diameter, the bag being capable of containing twenty-five pounds of fine bird-shot. The apparatus is suspended from the ceiling in the usual manner, a strip of soft buckskin being placed over the skin to guard against chafing. In the case in which the apparatus was tested, its pressure was well-borne, although digital and various instrumental pressures were impossible. The application was continued for six hours and ten minutes, when all sensation in the tumor (popliteal aneurism)

ceased. The advantages claimed are rapid work, accurate guaging of the force employed, and the comfort with which it is borne by the patient.

Tobacco.—To conceal the sickening emenations the average student is apt to *smoke*. Indeed, the preparation for the study of medicine seems often to be confined to the establishment of a tolerance of nicotine. This is not the occasion for a discussion of the tobacco question, but there are some aspects of it which the medical student may well consider. In the first place, tobacco smoke merely disguises the odors of putrefaction; it neither destroys them nor prevents their possible bad effects. In the second place, to some of the students, the "remedy may be worse than the disease." Again, to be efficacious, the smoking should be almost continual, consequently excessive, and probably more or less deleterious. Finally, the habit so indulged in the dissecting room is apt to persist after graduation, and the odor from a smoker's clothes may seriously affect women and children when ill, and even prevent the physician's employment in the families of gentlemen who do not use tobacco.—*New York Med. Journal.*

Whooping-Cough.—Dr. J. J. Caldwell's mode of treating this disease is to place a steam-atomiser in position on a table before the patient, charged with the following mixture:—℞. Extracti belladonnæ fluidi gtt. vi—xij; ammonii bromidi ʒi; potassii bromidi ʒij; aquæ distillatæ fl. ℥ij. This spray is quickly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly, and almost to a certainty.

Sprains treated by Hot Water.—Dr. Brinton *(Philadelphia Med. Reporter)* says that to treat sprains, the injured limb should be placed in hot water and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1880.

AFFILIATION WITH GREAT BRITAIN.

The *British Medical Journal* announces the formation at Adelaide of a new branch association for South Australia. This is the second of the kind in that colony. The *Journal* says: "We feel sure that the members at large of the British Medical Association will learn with pleasure of the formation of this new branch in one of our most thriving and important colonies, and will recognize with satisfaction the evidence thus afforded of the desire of our colonial medical brethren to enter into more direct professional union with the members of the medical profession in Great Britain." When in Montreal last year Dr. Andrew Clark introduced this subject to the Canadian profession in a semi-official manner, and explained the desire of the parent Association to have affiliated with it branches in the different colonies. It was thought by some that this matter would have come up for discussion at the last meeting of the Canada Medical Association, but it was not so much as alluded to. As far as we know, no official communication has been received from the British Association, which may account for the want of further action on our part. But is it necessary to wait for any such invitation? We know from what was told us by Dr. Clark, as well as from the satisfaction with which the intimation of branches having been organized in Australia, India, and even in Jamaica, has been received in England, that the announcement of similar action having been taken in Canada would lead at once to the cordial recognition of the new organization by the

British parent Society. The last number of the *British Medical Journal* makes special mention of the probability of the early completion of this project, and we hope it may not be disappointed. Now is the time to discuss the advisability of carrying this idea out and the manner in which it is to receive practical effect. We would therefore urge upon the President and other officers of the Canada Association to take the matter at once into consideration, and to communicate with the Home authorities so that, before the next annual meeting at Ottawa, we may be in a position to go prepared to decide either to remain as we are, or to take at once what steps are necessary to secure affiliation with the British Association. We have little doubt but that the decision will be in favor of union with our British brethren.

THE DEBATE ON ANTISEPTICS.

A largely attended and important meeting of the South London District of the Metropolitan Counties Branch was held at St. Thomas's Hospital on the 3d ult., for the discussion of the subject of antiseptic surgery. Mr. John Wood, the President of the Branch, occupied the chair. The discussion was opened by Mr. William MacCormac, of St. Thomas' Hospital, who gave an account of several valuable cases illustrating the value of the antiseptic system. Mere mention of these is useless, but if the circumstances attending each are carefully considered they cannot fail to lend strong support to the theory he holds. An able speech is concluded with the following words: —"To John Hunter we owe our idea of the harmlessness of subcutaneous injuries, and all the great advantages to surgery that are derived from the application of this knowledge; and if in time our ordinary surgery shall become as safe as subcutaneous surgery, this we shall owe to Lister." Mr. Bryant followed, contending that he had never seen reports of cases treated by Listerism which could not be equalled from the ordinary book of the Hospital Surgeon. Messrs. Macnamara, Barwell, and Spencer Wells all spoke on the side of antiseptics. The former gentleman alluded to the recent successes in cataract-

extractions performed with these precautions, and to the wonderful manner in which pyæmia and erysipelas had been stamped out in certain defective German hospitals since the adoption of the strict method of excluding the septic atmosphere; and the last-named stated that he had attained better results in ovariotomy in this way than ever before:—"he got forty-three consecutive cases without a death, and that, he thought, spoke volumes in favor of Professor Lister's system." After remarks in somewhat the same sense by Mr. Thomas Smith and Mr. Timothy Holmes, Mr. Lister replied in an able and argumentative speech, fully maintaining the ground he has always held, that his system involves a definitely new principle in surgery, and that his method of dressing may be looked upon as being only, perhaps, one way of carrying this into practical effect. In another column will be found the text of the statistics which were presented in the course of his address. The debate is to be resumed, and we shall look with interest for the further expression of the opinions of the leading London surgeons upon this all-important surgical topic.

DEATH FROM CHLOROFORM occurred on the 1st ult., at the Citadel, Quebec. The patient was a gunner of "B" Battery, who was the subject of a popliteal aneurism. The surgeon of the battery, Dr. Neilson, was about to perform the operation of ligature of the femoral artery. The anæsthetic (English chloroform) would appear to have been given very cautiously, and the condition of the patient carefully watched by the two assistants, Drs. Montizambert and C. Sewell. Only about two drachms had been administered when alarming symptoms showed themselves,—the breathing became laborious, the pulse left the wrist, and he rapidly died, in spite of immediate and energetic measures for resuscitation. We make no remarks upon the case, because the report of the autopsy in the public papers is quite unintelligible, and we are not in possession of any further information.

DEATH FROM THE INHALATION OF ETHER.—A case of sudden death from the inhalation of ether, occurred at Aylmer,

Ont., a few weeks ago. The ether was administered by Dr. C. W. Clark, of that village, to a lady, for the purpose of extracting a tooth, and scarcely an ounce had been used. An inquest was held by Dr. P. W. McLay, coroner, and the verdict agreed upon was, that the deceased came to her death in consequence of paralysis of the heart, caused by the inhalation of ether.—*Can. Lancet.*

DEATH FROM CHLOROFORM.—A death from the inhalation of chloroform recently occurred in the General Hospital, St. John, N.B. The patient was about to be operated upon by Drs. Christie and White for caries of the bones of the foot. Dr. Crookshank administered the chloroform, having taken every precaution against accident. The chloroform was given drop by drop, and not more than two drachms were administered when the face became pallid and breathing ceased. Every means were used to resuscitate the patient, but without avail. No blame was attached to the physicians in charge.—*Canada Lancet.*

It is somewhat singular that we should be called upon to chronicle three such unfortunate accidents occurring in this country in rapid succession. It is of great consequence in the interests of science and of humanity that full particulars of all such occurrences, especially where *post mortems* have been held, should be made public. We trust that in any future case, the necessary particulars will be furnished to the medical journals.

Medical Items.

—Dr. Wilks, of Guy's Hospital, has been appointed physician to the Duke and Duchess of Connaught, in succession to Dr. Murchison, deceased.

—Mr. Alfred Willett's election, as Surgeon to St. Bartholomew's Hospital, in the place of Mr. Callender, took place on November 26th.

Re MALLORY AND COLLEGE OF PHYSICIANS AND SURGEONS. —This was an application for a *mandamus* to compel the College of Physicians and Surgeons for Ontario to register him as a duly qualified practitioner upon payment of fees. The applicant was duly registered in England as a physician and surgeon after 1870, and claimed that by the force of the Imperial Medical Act he was entitled to practice medicine in any part of Her Majesty's dominions on payment of such fees as might be imposed by the authorities there upon all practitioners seeking registration. The rule was now made absolute for a *mandamus* to compel the College to register Dr. Mallory on payment of fees. The rule was made absolute without costs.

—Dr. Bulkley reports in *Archives of Dermatology*, October, 1879, two cases of syphilis supposed to have been contracted by means of cigars. The subjects were both physicians of intelligence and education who had devoted much time to the investigation of their cases, and excluded other means of contagion. Both had chancres on the lip, which were followed by constitutional manifestations relieved by specific treatment. He suggests as a prophylactic to those who use cigars, the use of the cigar-holder.

THE WAY TO SELECT A NEW PROFESSOR.—A new departure is to be made in Chicago in the selection of a professor for one of the medical colleges of that city. It is announced that a public *concours* is to be held for the position at a certain time next month, the candidate lecturing upon a subject previously selected before the faculty and the medical class. Applications are received from any part of the country.—*N. Y. Medical Record.*

—The *Hospital Gazette*, in an admirable article on "Doctors Seeking Notoriety," remarks:—"A desire for notoriety seems to possess humanity at times with such a force that the bounds of prudence form but a poor guard for man's acts. Ordinary caution and feelings of respect are forgotten, and man, to secure notoriety, and that only, grasps at the opportunity offered, and

pays no heed to the mire with which he covers himself in his rash venture. A species of intoxication seizes him, and hurls him along so suddenly over old landmarks and through sloughs that not until the glittering bauble that tempted him is in his hands, and is bereft of its attractiveness by its nearness, does he comprehend that he has sacrificed character and position. The thief ventures life in the pursuit of his illgotten gain, and the forger weighs his freedom against other's wealth, the same grasping design controlling their acts. Wealth they secure. They may escape the penalty. He who seeks notoriety surely loses his manhood; an insufficient reward for so great a cost." —*Detroit Lancet.*

RIVALS TO THE SIAMESE TWINS.—According to the *Times of India*, there is at present in Bombay a very interesting pair of female twins, joined to each other by a connecting band from the breast-bone to the lower part of the abdomen. They are six months and twenty days old, twenty inches in height, and are perfectly healthy. They each feed from a separate feeding bottle. The father is a Mahommedan, and a sea-faring man.

HEMORRHOID OINTMENT.—℞

Iodoform, - -	ʒj
Acid carbolic, Acid tannic	āā gr. xv
Ext. belladon., Pulv. opii -	āā gr. viij
Vaseline - -	℥j

—*Southern Clinic.*

—As our friend, Dr. G—m, was showing some lady visitors over the asylum of which he is the medical superintendent, they came to a room in which three women were sewing. "Dear me!" one of the visitors whispered, "what vicious looking creatures! Pray what are they here for?" "Because they have no other home; this is our sitting-room, and they are my wife and two daughters," blandly replied the doctor.

CANADA

MEDICAL & SURGICAL JOURNAL

FEBRUARY, 1880.

Original Communications.

OBLITERATION OF THE URETHRA FROM INJURY TREATED BY EXTERNAL INCISION.

By G. E. FENWICK, M.D.,

Prof. of Surgery, McGill University, Surgeon to Montreal General Hospital.

(*Read before the Medico-Chirurgical Society, December 26th*, 1879.)

Obliteration of the urethra, or of a portion of that canal, can only occur as a congenital deficiency, or in consequence of injury, and all surgical writers agree that stricture of the urethra due to other than traumatic causes never arrives at a condition of perfect obliteration. Mr. Syme, in discussing this subject, denies the possibility of an impermeable stricture, declaring that he had never met with a case through which urine passed outwardly from the bladder, in which he was unable, with time and patience, to pass an instrument in. But this constitutes the gist of the whole matter. There is a distinction between a condition of stricture, or narrowing of the canal, and traumatic obliteration, which latter condition must be of rare occurrence. Syme met with such a case in the person of a young man, æt. 19, on whom he performed perineal section, without, however, his usual success. The case may be found reported in the Appendix, case xii, of Mr. Thompson's (at present Sir H. Thompson) Essay on Stricture of the Urethra. On the question of impermeability, Mr. Syme remarks: "I simply maintain that if the urine passes out, instruments, through care and perseverance,

may always be got in beyond the contraction. It should be observed, however, that the case here put is quite different from that of a distended bladder requiring immediate relief. I have never maintained that in such circumstances the introduction of a catheter is always practicable."

The surgeon may be called upon to relieve a stricture which has gone a little beyond the distended bladder here spoken of; cases in which urinary infiltration, with resulting urinary fistulæ, has occurred, or in which, a step in advance, the urethra has become absolutely occluded. The first case of this kind which came under my observation was operated on by me in 1859. The history, from notes taken at the time, is as follows:—

W. D., æt. 44, consulted me in December, 1858, suffering from the results of an old stricture of some eleven years' standing. He was first seen by me as an in-patient in the Montreal General Hospital in the autumn of 1847, I being at the time resident medical officer at the Hospital. He was admitted under the care of the late Dr. Sutherland. He stated that some three months previously he had received an injury to the urethra, which was accompanied at the time with considerable hæmorrhage, and the pain experienced on making water was severe and burning. Several days before his admission to Hospital he had occasion to go to the Back River, some nine miles from Montreal. On the way he drank rather freely, and on returning to the city he was quite unable to make water. During several weeks prior to this indiscretion he had noticed some difficulty in passing water, the stream was small, he had to exert some force in emptying his bladder, and his clothes were always wet from dribbling. A day or two after his return from the country he came to the Hospital in great distress: the bladder was distended, the perineum and scrotum were swollen, red and erysipelatous in appearance, and urine, drop by drop, was coming from the urethra. An attempt was made to pass a catheter, but failed, and as a condition of infiltration was believed to exist, two free incisions were made in the perineum on either side of the urethra, which gave exit to urine, pus and broken-down tissue. A large poultice was applied, and a full opiate ordered.

At the end of a few weeks he recovered and left the Hospital. In February, 1849, he again came under my care as a private patient. He had transgressed, and again the urethra had burst somewhere in the vicinity of the bulb, the result of closure of the stricture. As he was seen early, incisions were made, and no sloughing of the soft parts occurred. He had minor attacks of infiltration, in which I attended, according to my note-book, in the following years: two attacks September and April, 1851; one in October, 1853; one in October, 1854; two in January and April, 1855; one in July, 1856; one in March, 1857, and this last attack, which set in on the 25th November, 1858. Each attack was followed by a fresh opening externally, until the scrotum and perineum were riddled with fistulæ. During all this time the patient absolutely refused to submit to treatment by the passage of instruments, and during the last two years not a drop of urine came through the natural passage. At the time he consulted me in December, 1858, the scrotum and perineum was thickened and brawny, presenting much the appearance of elephantiasis of the part. There existed a number of minute openings, through which issued pus, and when he made water it flowed away from three fistulæ as through a sieve. His general health was failing; he had frequent rigors, more resembling ague, and coming on with periodical regularity. His appetite was indifferent, and from the disgusting odor arising from his clothes, which were always more or less saturated with urine, he was forced to relinquish his employment. An instrument could be passed down to a little beyond the root of the penis, when it came to an obstruction of cartilaginous hardness. This mass could be indistinctly made out, and appeared to be about three-quarters of an inch in extent. The man was willing to submit to any operative measures, and with that end in view his general health was improved by tonics and good food. Assisted by my friends Drs. R. P. Howard, Craik, and the late Dr. Walter Jones, perineal section was performed on the 26th January, 1859. There was no guide to the situation of the urethra, and the difficulty of finding it was greatly increased by the altered condition of the structures.

As well as could be made out, an incision was made in the median line extending from the posterior margin of the scrotum to within half an inch of the anus, dissecting backwards, the urethra was opened in front of the membranous portion, and a catheter passed thence into the bladder. The urethra which was pervious was then slit up on a director carried forwards to the posterior margin of the obstruction. About an inch or more of the urethra from this point forwards was apparently obliterated, and was carefully divided to its entire extent on the point of a large sized sound carried down from the meatus, and the way being clear, a No. 10 catheter was passed into the bladder and secured there in the usual way.

There is no necessity for tracing from day to day the progress of this case. The subsequent treatment was tedious and prolonged. The poor fellow had an attack of erysipelas, extending over the buttocks and down the thighs, which protracted his recovery. As a portion of the canal had to be restored, it was thought proper to retain the catheter in the bladder longer than is customary after these operations. A gum catheter was, however, substituted for the metal instrument at the end of the third day ; this was changed every second day. The bladder irritation was slight, nevertheless a small slough formed in front of the scrotum, opening the urethra at that point, which required subsequent operative measures. This result was attributed to the pressure of the instrument. It is necessary to mention this fact—not, however, as a warning to other operators, as in practice many surgeons content themselves in passing a catheter every third or fourth day. My own practice at present is to leave a catheter in for the first 24 or 48 hours, provided no bladder irritation results from its pressure. The case terminated in recovery ; the man lived several years thereafter in comfort. A large-sized bougie had to be introduced occasionally, and which passed with ease. This was passed about twice a month.

A second case of almost complete obstruction of the urethra (the result of injury) came under my observation quite recently.

W. F., a powerfully-built man, aged 34, consulted me in October, 1879. When first seen, the bladder was enormously

distended, and the urine passing drop by drop. An attempt was made to introduce a catheter, which failed, nor could the smallest sized filiform bougie be got through the obstruction. He stated that on several occasions quite recently the passage of even the few drops which were constantly flowing away ceased, and so great was his distress, being that of distention, that a full half grain of morphia had to be taken to procure rest and sleep. The effect of morphia and the recumbent position in bed was in every way beneficial, as the urine spontaneously flowed away, thus affording relief.

The history of the cause of the stricture is as follows:—When eight years of age he fell some twelve feet from a hayloft, striking the edge of the manger forcibly with the perineum. He remembers that he passed blood in his urine at the time, and that the surgeon in attendance had to draw off his water with a catheter; that he suffered greatly, and chloroform used to be given before an instrument was introduced. For several months after the accident the urine had to be drawn off occasionally.

He recovered slowly from the result of the fall, but he observed that to pass urine he had to strain considerably, and that it came away in a small stream.

From this time he would occasionally apply for relief, and the passage of an instrument was necessitated from time to time; but that during the past year or two no instrument had been satisfactorily passed into the bladder. On careful examination, a hardened mass could be felt in front of the bulb, and on carrying a bougie down, the point of the instrument was arrested by what appeared to be an impermeable barrier. The urethra was in a very irritable condition; it bled freely, was very painful, and the examination, which was prolonged, though no undue force was used, completely failed to make any impression on the stricture. This examination was followed by a severe rigor, so that it was decided to make no further attempt at overcoming the difficulty by dilatation, but to perform perineal section.

In consultation with my friend Dr. Roddick, and with his assistance, I performed perineal section on the 17th October, 1879, making use of Mr. Wheelhouse's staff. An incision was made in

the median line, and the urethra freely laid open ; the dissection was carefully carried backwards to the anterior margin of the obstruction. On exposing the part to a bright light, the sides of the wound being held apart, and pressing over the bladder, the opening in the stricture part could be readily made out, but with the utmost perseverance, and with the parts open before us, we were unable to introduce even a fine probe. With a probe-pointed bistoury, the incision was carried backwards, and the urethra laid open behind the obstruction. In doing this, a small uric acid calculus was struck and removed. Suspecting the presence of other calculi, a short-beaked sound was passed into the bladder, but no other calculi were struck. The way being clear, a No. 10 silver catheter was introduced and tied in the bladder. Before passing in the catheter the bladder, which was enormously distended, was thoroughly emptied.

On Monday, the 19th, the catheter was removed; it had become blocked up, and the urine was flowing away by the side of the instrument. After removal of the instrument, while sitting on a close stool, the urine, in full stream, came through the wound, and with it five small calculi. The largest calculus, which weighed fifteen grains, was somewhat triangular in shape, and presented several well-polished facets. The aggregate weight of the calculi was thirty grains. From the appearance of the larger calculus we feared the existence of other concretions, so that it was decided to explore the bladder by dilating the canal. This was done with an ordinary pair of forceps through the wound, and I then introduced my finger into the bladder. No other concretions were found. A catheter was again tied in the bladder, but in the course of four hours it had to be removed, as it created much irritation, which was unbearable. The case progressed favorably, the wound gradually, but slowly, closed, and he has at the date I write perfectly recovered control over his bladder, which, from over-distention, had become partially paralyzed.

On looking over the record of cases of perineal section which I have performed, many of which have already been published, I find that the number operated on has been 27 ; and in two

instances death resulted; in one from pyæmia, in the other from urinary infiltration. These cases extend over a period of 20 years. Some of the cases reported were operated on after Mr. Syme's method. In some the irritability of the stricture precluded the treatment by dilatation, as the passage of an instrument appeared to aggravate the symptoms; in others, dilatation afforded only temporary relief, and from the continued annoyance the patient demanded some other and more decided means of cure.

THREE CASES OF BRAIN DISEASE.

By WM. OSLER, M.D., M.R.C.P., Lond.,
Professor of the Institutes of Medicine, McGill University, Physician to the Montreal General Hospital.

(*Read before the Medico-Chirurgical Society of Montreal.*)

Case I.—*Embolic softening of right caudate and lenticular nuclei, anterior part of internal capsule, and the first temporo-sphenoidal convolution. Left hemiplegia. No loss of sensation.*

C. B., æt. 36, married; no children; admitted to Hospital Aug. 8th with complete left-sided hemiplegia.

Dr. Molson has kindly given the following information respecting the attack and the previous history:—

"Was called to see patient at 5 p.m. of the 7th. She had been attacked about 2.30 p.m., and at time of visit had left hemiplegia, and there was spasm of the muscles of the right side. Attack began with intense pain over frontal region. She was unconscious; pupils dilated. During the night had four stools. Patient has a history of acute rheumatism 10 years ago, when she was laid up for six months, since which time she has been subject to shortness of breath and blueness of lips on exertion. About a year ago had dropsy, but was relieved by treatment. On Aug. 2nd saw her for first time, and found some ascites and œdema of legs. Pulse 40; loud mitral murmur heard at apex."

9th.—Patient delirious, very talkative and incoherent. Pulse 44, moderate in volume; respirations 30; temp. 97°. Urine clear acid, sp. gr. 1018, highly albuminous.

10*th*.—Appears rational, but is very talkative and impatient. Pulse 50 ; resp. 30 ; temp. 95° 5. Muscles of left side of face, with exception of orbicularis palpebrarum, are paralyzed, and this side is flatter and does not move. Tongue deviates to the left ; pupils dilated, equal. Can move the left leg a little. Sensation unimpaired ; feels a pinch or prick quite well. Left forearm and ankle œdematous. Heart : apex beat a little outside of nipple line, impulse is not forcible ; a faint thrill is communicated to the hand ; a murmur is heard at the apex region, loudest above and a little to the inner side of nipple. It follows upon the second sound, and continues through the period of ventricular systole. It is feeble at base. Pulmonary second sound accentuated. Passes urine and fæces in bed. Temperature of skin of cranium taken with surface thermometer after shaving the head :

Sup. frontal region,	R., 95·8°.	L., 95·6°.
Parietal, - - -	R., 97·6°.	L., 96.2°.
Occipital, - - -	R., 96·6°.	L., 96·2°.

11*th*.—Was wildly delirious through the night, but appears rational to-day. Complains much of frontal headache. Pulse 46 ; temp. 98°. Urine albuminous. No casts have been found.

12*th*.—Passed a quiet night ; is very talkative and wandering. General condition the same, but respirations are more hurried. Feels acutely in paralyzed limbs.

13*th*.—No change in paralyzed side ; forearm and leg œdematous. Pulse 54 ; resp. 44 ; temp. 98·2°. On examination of chest, no dulness, coarse râles in scapular and infra scapular regions.

14*th*.—Respirations, 44 ; pulse, 58. No change.

15*th*.—Pulse 80 ; respirations 48 ; temperature 98°. Patient restless, talks incoherently, but is conscious. Temperature in right axilla 97·2° ; in left, 99·2°. There is a difference of ·4° in favor of right side between the temperature, with surface thermometer, of parietal region of head. Lips are cyanotic ; left side of face puffy. Heart's action is feeble.

16*th*—8.30 a.m.—Patient becoming comatose ; is roused with difficulty. Heart's action, slow and irregular, 60 ; respirations

40; temperature left axilla, 100·5°; right 97·5°. Pupils contracted, equal. 12.30 p.m.—Temp. right parietal region 94·6°; left, 95·4°. Is comatose and becoming livid. Sank gradually, and died at 6.40 p.m.

Autopsy—16 *hours after death.*

Body well nourished; right arm and leg much more rigid than limbs of other side.

On opening abdomen, nothing special observed. In thorax heart occupies a large area; no fluid in pleuræ. On visceral layer of pericardium, about right auricle, a few roughened spots.

Heart—Right auricle full of dark clots; those in appendix buff-colored and moderately firm. Cavity greatly enlarged; walls thick. Right ventricle chamber 12·5 cm. in length; walls 5–7 m. in thickness. Tricuspid orifice 16 cm. in circumference; valves normal. Pulmonary valves healthy. Left auricle large; endocardium opaque; walls hypertrophied. Mitral orifice, situated at the bottom of a cone-shaped depression, forms a slit-like opening 13 m. in width, into which the tip of the little finger can be inserted; auricular surface of opening is smooth. Left ventricle moderately hypertrophied; chamber measures 9 cm. in length; walls 10–15 m in thickness. From this cavity the mitral orifice presents thick indurated, but smooth, lips; chordæ tendineæ of anterior segment very short and stiff, the apex of the papillary muscle being almost in contact with the valve. Those of the posterior muscle are longer and more natural-looking. Aortic semi-lunar valves a little stiff, and present some vegetations on ventricular face. Weight of organ 430 grams.

Lungs present numerous patches of hæmorrhagic infarction. One, size of an orange, occupies lower lobe of right lung, two smaller ones in same lobe, and four in the upper one. In left, one large one occupied greater part of apex, and two smaller ones exist in lower lobe.

Spleen enlarged and firm; no infarctions. Three small supplementary organs.

Kidneys of normal size; tissue firm; veins of the cortex full.

Liver somewhat enlarged; cuts with resistance. Central veins of the lobules full.

Brain—Nothing of note in sinuses or in dura mater. On cortex, veins of pia are full. At base, arteries contain blood, and are natural-looking. The right Sylvian artery looks full, and at its second bifurcation is larger than elsewhere in its course. The branch passing to the under surface of temporo-sphenoidal lobe is empty; other branches going over island of Reil are as full as corresponding vessels of other side. Extremity of right temporo-sphenoidal lobe is somewhat anæmic, and the same appearance extends alongs the 1st convolution of this lobe. Organ then sliced, and the sections presented the following appearance: (1) Prefrontal, through middle of anterior part of frontal lobe, normal. (2) Pediculo-frontal, through base of frontal convolutions, normal. (3) Frontal, through ascending frontal convolution—Outer section of lenticular nucleus on right side has a decidedly yellowish tinge, is a little soft, and is separated somewhat from the external capsule; caudate nucleus has same appearance; upper and outer part of internal capsule, between the outer nucleus of lenticular ganglion and the candate nucleus, is coarse-looking and softer than on opposite side; ext. capsule is decidedly soft, and the tissue separates under a gentle stream of water. The fasciculus of white matter joining the ext. capsule and the temporo-sphenoid convolutions is also soft, particularly that passing to the sup. temporo-sphenoidal convolution. (4) Parietal, through ascending parietal convolution—There is a spot of hæmorrhagic softening in lenticular nucleus, involving chiefly the middle and internal sections; the outer section is firmer, but has a yellowish tint; upper part of internal capsule, between top of lenticular nucleus and thalamus, is a little soft; external capsule in same state, and there is a separation between it and the lenticular nucleus; candate nucleus looks more natural; white substance of superior temporo-sphenoidal convolution, and the fasciculi of fibres between it and the lower part of external capsule, softened. (5) Pediculo-parietal, through middle of parietal lobe, 3 cm. behind fissure of Rolando—Only a small spot of disease evident, situated on the white matter external to

the thalamus opticus, and just above the roof of the descending cornu of the lateral ventricle. (6) Occipital section, through occipital lobe, normal.

The area of softening, then, corresponded to the lenticular nucleus, central and posterior parts, the central part of caudate nucleus, the anterior portion of internal capsule, the external capsule, and the fasciculus of fibres passing to the first temporo-sphenoidal convolution. Substance on left side is natural-looking.

On slitting up the left middle cerebral artery, a clot of blood is found occupying it immediately beyond its first branch to the convolutions, the frontal-external. It is pretty firm, not decolorized, and not adherent to the wall; on carefully separating its elements, no firmer portion was found, and it was evidently *post-mortem* in its formation. The larger of the small arteries in the anterior perforating space which are given off from the first part of the Sylvian artery were carefully withdrawn and slit up, but no small emboli found. A similar result followed the inspection of the branch going to the right temporo-sphenoidal convolution.

CASE II.—*Hæmorrhage into left caudate nucleus; softening of anterior fibres of internal capsule and outer section of lenticular nucleus. Hemiplegia; early rigidity. Loss at first, subsequent return, of sensation in paralysed side.*

J. W., æt. 72, admitted Sept. 1st with right hemiplegia, which came on suddenly on the 29th of August. He is a fairly, well nourished old man. There is no satisfactory history, but as he came from the House of Refuge, the presumption is in favor of a life of considerable hardship. Signs of senile decay in stiffened arteries.

Condition on admission.—Lies in a lethargic state, but can be roused when spoken to loudly, and answers in a muttering, unintelligible way. Lifts the left hand when told to do so. Right side completely paralyzed. Right side of face also affected. Tongue is protruded to this side, and when he speaks the angle of mouth is drawn to left; no ptosis. Pupils dilated and equal.

Complete paralysis of motion in right arm and leg. He does not appear to feel the pricking of a pin. Pulse 100, regular and full. Heart-sounds feeble; no murmur. No special physical signs in lungs. Urine and fæces passed in bed.

2*nd*.—Condition the same; takes nourishment well.

3*rd*.—Is somewhat brighter, and answers more intelligently, but quickly lapses into a heavy lethargic state.

4*th*.—Sensibility carefully tested; does not appear to notice pricking on the right side on any part, but if asked whether anything touched him, the left hand is moved towards the right side as if conscious of having received an impression from that quarter. Sensibility is very dull even in left side. Arm is kept in a flexed position on the chest, and is to-day rigid, returning quickly when forcibly extended. Fingers also flexed and stiff. Leg extended and rigid, but when pricked strongly moves a little. Tendon reflex unchanged in paralyzed limb. Pupils equal. Right eyelid droops a little. Temperature in right axilla, 89·4°; in left axilla, 97·2°. In the evening Dr. Imrie took the temperature of the two sides of the head with surface thermometer.

On right frontal region,	95·8°.	Over left frontal region,	95°.
On right parietal "	96°.	On left parietal "	94·4°.
On right occipital "	96°.	On left occipital "	94°.

5*th*.—Answers more distinctly. Some urine obtained for first time; contains about 10 per cent. of albumen.

8*th*.—Has remained the same. More positive evidences of sensation in right side; says he feels the pin when applied to leg or face. Still passes urine and fæces involuntarily.

10*th*.—No change; when asleep breathing is very labored.

12*th*.—Can lift the right leg about 18 inches; it is still rigid. Arm fixed in same position. Pupils dilated; right a little larger than the left; both respond to light. Facial paralysis persists.

14*th*.—Cannot lift the right leg so well; it appears more rigid. Pulse 88. Feels pin prick on right side.

18*th*.—No change since 14th.

20*th*.—Pulse 100; respirations 22. Rigidity persists. Has not spoken so clearly for the past few days.

24th.—Pulse has been more rapid, and is weaker. Condition the same. Ordered stimulants.

25th.—On passing catheter, about an ounce of urine containing creamy pus was removed; reaction acid, sp. gr. 1020. Does not take nourishment so well.

27th.—Pulse 124; respirations 24. Is weaker; tongue is getting dry. Pus in urine. Paralyzed parts remain the same.

29th.—Pulse 112; respirations 30. Patient weak and does not answer questions. Rigidity of leg not so marked to-day.

30th.—Respirations more rapid, 48, and patient is in a heavy soporose condition. Death took place at 7 p.m.

Autopsy.

Brain—Dura very adherent to skull; sinuses full. Subarachnoid fluid in excess. Arteries at base atheromatous and stiff; contain blood and clots. In Sylvian fissures nothing special noticeable about the arteries. On cortex, Pacchionian bodies large; left hemisphere looks fuller than right; veins of pia mater full; arachnoid over sulci opaque. Sections—(1) Prefrontal, normal. (2) Pediculo-frontal, presents nothing special. (3) Frontal—On right side, the ganglia and white matter look natural; on left side, a brownish-red coagulum occupies the position of the caudate nucleus. It is immediately beneath the floor of the lateral ventricle, the lining membrane of which is thickened at this spot. Below, it rests on the optic thalamus and internal capsule, the fibres of which, between the caudate and lenticular nuclei, are softened, and, in places, have a greyish, almost puriform appearance. The outer section of lenticular nucleus is also soft, and of a pinkish-red color; inner sections look normal. The external capsule and claustrum are indistinct. Grey matter of island of Reil looks natural. The spot of hæmorrhage extends tranversely for about 25 m. (4) Parietal—No signs of softening; tail of caudate nucleus, normal. Fibres of internal capsule of normal consistence. Grey and white matter of convolutions healthy. Ventricles are a little large; ependyma of left slightly yellowish. (5) Pediculo-parietal presents nothing striking. (6) Occipital section, normal. Crura look healthy. No evidence of

a descending degeneration in left one. Pons normal. In medulla, left anterior pyramid looks a little greyer than normal at its inner border. Sections of the spinal cord do not show any alteration in the appearance of the columns.

Heart not enlarged; valves competent; a little stiff. *Aorta* somewhat atheromatous. *Lungs* congested at bases; bronchi full of muco-pus. *Kidneys* somewhat fibroid; right pelvis dilated and contains pus and two small calculi. *Liver* of average size; substance soft.

Remarks.—These two cases present certain features in common: the lesion was confined in both to the caudate and lenticular nuclei, and the strand of white matter, known as the internal capsule, and of it chiefly the anterior part lying between these nuclei. There was no loss of sensation in case I; in case II the loss was only temporary. The following points are of interest:

First, *the distribution of the lesion.* The degenerative changes in the brain substance depend for their distribution upon the vessels. The large ganglia at the base of the brain are nourished by arteries which are given off from the main trunks of the circle of Willis. Of these the most important pass perpendicularly up from the first portion of the Sylvian arteries and supply the corpora striata and anterior part of thalami optici. These are divided into two sets by Duret—internal and external. Of the latter, some are anterior, others posterior. The former, named the lenticulo-striated, supply the external portion of lenticular ganglion, the upper and anterior part of the internal capsule, and the caudate nucleus. One artery of this set is large, and has been called by Charcot, "on account of its predominant *rôle*, in intra-encephalic hæmorrhage," the artery of cerebral hæmorrhage. Now in both of these cases it is the territory supplied by these vessels which is involved. In case I, an artery could be distinctly seen leading to the spot of hæmorrhagic softening, which was probably of embolic origin, though the embolus was not found. The existence of mitral stenosis, together with a circle of vegetations along the faces of aortic semi-lunar valves, afford presumptive evidence in favor of this view. In case II, the lesion was hæmorrhage from

rupture of some small vessel. No miliary aneurisms were found in the neighborhood. The nutritive disturbances in the vicinity were not so much in the thalamus, immediately below the extravasation, but in the upper part of internal capsule and the outer section of lenticular nucleus—*i.e.*, in the regions supplied by the vessels from which the extravasation took place.

Second, *the absence of sensory paralysis in the first case and its quick disappearance in the second.* The localization of the lesions may be considered to afford a satisfactory explanation. The band of white matter known as the internal capsule, and which occupies a position between the caudate and lenticular nuclei on the one hand, and between the latter and the thalamus opticus on the other, is a prolongation of the fibres of the crus cerebri. Now it has been proved experimentally that destruction of the anterior part of the internal capsule —*i.e.*, that portion between caudate and lenticular nuclei— produces motor hemiplegia only of the opposite side of the body, no loss of sensation; and the same evidence is afforded by pathology. This is the territory supplied by the lenticulo-striated arteries. If the posterior part of the internal capsule be injured—*i.e.*, that part between the lenticular nucleus and the optic thalamus—the result is anæsthesia of the opposite side without motor paralysis. This is the region supplied by the lenticulo-optic arteries. Case I affords an illustration of the truth of this view, viz., that the course of the motor impulses from the hemispheres to the cord is in the anterior part of internal capsule.

Thirdly, In case II, a point of considerable interest is the early onset of the rigidity or contraction of the muscles of the paralyzed side. This condition may be quite transitory, coming on with the attack; more commonly it is a late symptom supervening after weeks or months. In this case it came on on the third day, and persisted. It is to be attributed, most probably, as suggested by Todd, to the irritative effects of the lesion on the motor nerve tract, but it is difficult to see why it should come on so early in one case and not in another. Ferrier states that the irritable lesions inducing spasm are almost always

accompanied by hyperæmia of the grey matter or white tracts. In this case there was certainly considerable hyperæmia of the internal tract and lenticular nucleus.

(To be continued.)

A CASE OF IMPERFORATE ANUS.

Meconium passed per urethram—Operation—Death—Autopsy.

By S. L. NASH, M.D., Bridgewater, Ont.

On November 19th, 1879, I was called to see a male child a few hours old. Found child well nourished, healthy, and perfect in all its parts and functions, with this one exception—entire absence of anus and (?) rectum.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating.

Visited child next day, in company with Dr. Dafoe—child then being thirty-eight hours old, active and healthy, nursing well, urine normal, and to all appearance in perfect health. No bulging in anal region.

Commenced operation by making an incision about one and one-fourth inches in length along median line, from coccyx towards scrotum, carried the dissection back and up, following the curve of sacrum. By passing probe in urethra, found it to approach abnormally near coccyx. The probe in urethra assisted us in keeping away from that organ. Although Dr. Dafoe and myself very carefully examined the region along curve of sacrum, posterior to urethra, and bladder, we failed to feel anything like the distended gut. The narrowness of the pubic arch, together with the close approximation of the tubera-ischii, forced us to use a probe instead of the finger for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it. The child lived eighty hours, and, before death, passed with urine, by urethra, a black fluid like meconium.

Post-mortem examination revealed entire absence of rectum,

the descending colon having a pouch-like enlargement, one inch in diameter, occupying the ordinary site of sigmoid flexure. This pouch was connected to the posterior part of fundus of bladder by a small tube, three-fourths of an inch in length, by about one-fourth inch in diameter, admitting a small probe one line in diameter, which passed readily from colon to bladder, but could not be passed from bladder to colon, as the vesical orifice was guarded by a fold of mucous membrane.

[The condition of the parts and subsequent observation having suggested absence of great portion of the rectum, and the dissection having proved this malformation to exist, would it not have been well, before abandoning the case, to consider the possibility of forming an artificial anus higher up? Professor Gardner, of this city, has published a case where this procedure was successful. Indeed Holmes' rule is this: "If the parts of generation are very far back, the tuberosities of the ischia very near together, and the skin in the situation of the anus much depressed, it will become a serious question whether it would not be justifiable to resort to colotomy at once."—ED.]

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Case of Imperforate Hymen—Retention of Menses—Incision and complete relief.—Under the care of DR. MACCALLUM.

E. L., a strong, well-nourished Irish housemaid, entered Hospital January 3rd, 1880, complaining of severe, dragging pains in the back (sometimes going down to the thighs). Tenderness on pressure, and some pain about the lower part of abdomen; loss of appetite and constipation. These symptoms were present since the beginning of her menstrual period, two days before. A sedative was given, together with a purgative, and rest in bed enjoined until an examination of the womb could be made per vaginam. A bloody discharge from the vagina was kept up for a week, and then replaced by one of a highly offensive purulent character, with no relief to pain in back and

pain and tenderness in abdomen. There was but moderate elevation of temperature, the highest point reached being 99½°.

The patient gave the following history:—During her fifteenth year, for three months, at intervals of a month, she experienced severe cutting pains about the back and abdomen, shooting down the inner side of thighs, and causing her much suffering in the act of micturition. These lasted from three to four days, and then subsided. Towards the end of the third of these periods, a physician made an examination of the genitals, found some obstruction, and used his lancet upon "a tumor" in the passage, from which he removed a large quantity of blood in clots, after which the menstrual function became regularly established, the periods lasting about four days, and painless, until five months ago, having changed an out-door country life for that of house-maid in town, she began to experience pain and general discomfort with each period, which now became shorter, more frequent, and accompanied by diminished flow. The flux preceding that present upon entering Hospital had been unusually painful, and was followed by an offensive yellowish discharge for about ten days.

Having obtained these facts, an examination was attempted per vaginam, but owing to the tenderness of the parts was desisted from until the patient was put under ether on the 17th inst., when the vagina was found completely occluded by a firm membrane extending from the meatus to the perineum. At the lower part a small opening existed, through which a highly offensive purulent discharge had exit. The membrane was divided upon a director, and about twenty ounces of dirty greyish-yellow pus removed, after which the canal was washed out thoroughly with a warm, weak solution of carbolic acid. The os uteri was found patulous, cervix shortened, uterus of normal size and in proper position. Directions were given to have the vagina washed out twice daily with diluted carbolic acid, the parts kept separated in the interval by means of a tent of lint; the patient kept in bed upon tonic treatment with wine. After a week had passed the parts were found fully dilated and natural in appearance; edges of wound healed. Directions were given for a bougie to

be passed twice daily and retained in the canal for an hour each time to avoid any contraction, and the patient discharged on the 29th instant, feeling perfectly well.

Case of Aortic disease—Pain a prominent symptom—A sudden attack, with Cyanosis; temporarily relieved by Venesection—Death. Under the care of DR. ROSS.

George D., æt. 24, of spare build, first came under observation Sept. 26, 1878, complaining of violent palpitation of heart, accompanied by stabbing pains in the cardiac region—which did not radiate towards shoulder, nor down arm—and by dyspnœa. The position of least discomfort was the upright. There was no œdema of the lower extremities, though the feet were cold and perspiring. His family history showed no predisposition to rheumatism or heart disease. His own history gave an account of some acute inflammatory trouble about the left side when a mere child. Since boyhood, has been engaged in a store, and had much running up and down stairs. Felt the work hard. Has no history of rheumatism. Twelve years ago, after running, spat up a small quantity of bloody mucus. Eight years ago began to have attacks of palpitation, with stabbing pain about the heart. At first these attacks were slight, and only in winter. Later on, they came in summer too, and were more severe. Since the beginning of these attacks he has had a slight cough, more or less persistent. The present attack (Sept. 26, '78) began six days ago with a dull, steady pain in cardiac region, relieved by blistering. Three days ago his bowels were very loose, and blood was passed to a considerable amount. Examination of patient's heart at this time showed impulse strong, heaving and diffused; apex beat in nipple line, two inches below that point. A thrill felt at root of neck, both sides, with throbbing of the vessels here and visible pulsation in axillary arteries. Cardiac region full. Transverse dullness at 4th rib, 3½ inches. Heart's action quick and irregular. Loud double murmur at mid-sterum, with greatest intensity. Lungs, slight dullness at bases, with bubbling râles and feeble breathing.

Patient remained in Hospital a little more than a fortnight,

during which time he had frequent attacks of dyspnœa and palpitation; relieved by the free administration of stimulants at the time, with digitalis in the intervals. After leaving Hospital he resumed his work as salesman in a dry goods store; but frequently experienced attacks of cardiac pain, dyspnœa, and palpitation. On the 12th of January, 1880, he was laid up with one of these, marked by severe pain over epigastrium and throughout the cardiac area, orthopnœa, vomiting, and violent irregular action of the heart. These persisting, he was removed to Hospital on the 18th inst., his suffering being intense. Rest in any position was impossible. General surface cold; face strikingly anxious and, like his feet and hands, cyanosed. The heart's action very irregular; the impulse widely diffused, and moving with it the whole of lower part of chest; great throbbing at the neck and in brachials; pulse weak, rapid and irregular; cardiac area of dullness greatly increased in all directions, and loud double murmur heard, with greatest intensity at fourth costal cartilage, close to left side of sterum. A systolic blowing murmur also heard at apex, and round to axilla. Breathing gasping, and most laboriously performed; respiratory murmur enfeebled throughout chest. External warmth and stimulants internally were freely administered, with slight improvement in the next twenty-four hours. Patient vomiting occasionally, and getting no rest. Functions of kidneys almost suppressed. At the end of this time, ten ounces of blood were removed from the arm, with apparent relief, for a couple of hours, to the breathing and improvement in pulse. A draught of bromide potash was ordered for night, and the stimulants and heat continued. At end of second day in Hospital, the heart's action was less violent, and the impulse less diffused; breathing rather easier. A second venesection was done that evening, when about eight ounces of blood were removed, which caused a brief fainting condition, and afterwards patient was better for an hour or two. However, during the night he became weaker, and died exhausted at eight in the morning of third day in Hospital.

At the autopsy was found an enormous heart (850 grammes), with dilated hypertrophy of all the cavities; very great disten-

sion of the right auricle, with soft-clotted blood; tricuspid orifice 6 inches in circumference; aortic valves markedly incompetent; all the segments thickened, and crumpled at their edges, one being specially fore-shortened: they are all much reduced in size. *Lungs* crepitant throughout; no infarctions; some excess of blood in the lower parts. No other morbid appearances of any note.

Reviews and Notices of Books.

Lessons in Gynecology.—By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, Fellow of the American Gynecological Society, &c., &c. With eighty illustrations; 8vo., pp. 377. Philadelphia: D. G. Brinton.

The author says in his preface that "this is not a treatise upon the diseases of women, but mainly the outcome of clinical and of didactic lectures delivered to the advanced students of the medical department of the University of Pennsylvania." We think Dr. Goodell has shown great good sense in deciding not to write a systematic treatise on diseases of women. The classical works by Thomas, Barnes and others renders this quite unnecessary, and when a man has anything new or original to impart he had much better do it in this way.

The first chapter is on instruments—tools, as Dr. Goodell pithily calls them. Like most gynecologists who have written books, and some who have not, Dr. Goodell has invented a speculum, a base-opening bivalve. We have not seen this instrument, and therefore have no opinion to express about it.

Speaking of the sound and the necessity for being satisfied that the womb is not gravid before introducing it, Dr. Goodell lays down the following capital off-hand rule: When the cervix is as soft as one's lips, the woman is probably pregnant; when it is hard as the tip of one's nose, the womb is most likely empty.

The second lesson is upon that common trouble, Urethral caruncle, and other affections of the female urethra, and does not call for any special notice.

Lesson III is on the vesical disorders of women, a most important subject most thoroughly and excellently treated by Dr. Goodell. When speaking of dysuria in sterile women, with anteflexed uterus, he asserts what is undoubtedly true in many instances, that the vesical distress is neurotic and emotional, arising from nervous exhaustion. It is an hysterical bladder, " and the motto of an hysterical bladder, as regards local treatment, should read '*noli me tangere.*' " The chapters on fistulæ of the genital organs are excellent.

Lesson VI and VII are on the causes, the prevention and the cure of Laceration of the Female Perineum. The author believes that the great majority of such accidents are due to meddlesome midwifery, especially to the support so generally given to the perineum. After describing, in a very amusing manner, the the diversity of modes of making this pressure, he describes his method, which is to make retarding pressure on the head, and when the perineum is very rigid, to relax it by hooking up and pulling forward the sphincter ani by two fingers in the rectum.

The next lesson is on Chronic Metritis and Endometritis, and here the author, when speaking of caustic intra-uterine applications, makes a statement with which cautious and timid men will scarcely agree. " I have come to the conclusion that he is the most successful gynecologist who is the most plucky, and that no matter how severe or how mild the treatment of uterine disorders, the percentage of accidents will be about the same, and that a very low one." The list of applications in use by Dr. Goodell includes saturated alcoholic and ethereal solutions of iodine, fuming nitric acid and nitrate of silver ; and he tells us that the cases in his clinic at the hospital of the University of Pennsylvania have these applications made and then have to go home, in some cases to adjacent towns twenty miles off. Most men would consider this rather foolhardy treatment.

The twelfth will, we are convinced, be a valuable lesson to many practitioners, as it treats of a subject which in few textbooks on diseases of women receives its due meed of attention. It is on the use of the closed Lever-Pessary and of the Intra-Uterine Stem Pessary. This is the clearest and best description

of the lever pessary, its objects, uses, and the principles which should guide its application, with which we are acquainted. It deserves careful study by every medical man before he attempts to introduce or adapt a pessary. With reference to intra-uterine stem pessaries, Dr. Goodell, with characteristic candor, confesses to having changed his opinions more than once, but has now come to hold with most gynecologists of large experience that there are cases of both retro and ante-flexion which cannot satisfactorily be treated in any other way, and that with proper precautions their use is attended with little danger.

Cancer of the Uterus is treated of in Lesson XVII. It is the treatment by removal to which the lesson is chiefly devoted. Dr. Goodell is a strenuous advocate for the early and complete as possible removal of every accessible portion of diseased growth. Hence amputation of the cervix, the use of the spoon-curette, and other means for gouging or digging out the diseased growth (when practicable), followed by thorough applications of fuming nitric acid, actual cautery, &c., are advised. No allusion is, however, made to Freund's and Kock's operations for the complete extirpation of the uterus, which have been performed often enough and with a measure of success which certainly entitles them to consideration.

Vegetations of the Endometrium, Fungoid Degeneration of the Endometrium, Sarcomatous Degeneration of the Endometrium, Uterine Polypus, and Uterine Fibroids are the subjects of the next four lessons.

In Lesson XXII, Battey's operation is discussed under the unpleasantly-suggestive title of spaying. It is with especial reference to Uterine Fibroids that this operation is here considered, and with approval. Dr. Goodell has operated four times, in each case by vaginal incision, with three recoveries. He quotes Dr. Trenholme's (of this city) cases, and asserts that he was induced to operate in his own first case by Dr. T.'s success. There is a very respectable amount of evidence accumulating as to the value of this operation.

In this paper some interesting and valuable statistical tables

are given showing the mortality of the operation and its results with reference to menstruation.

Lessons XXII, XXIII, XXIV and XXV are devoted to the diagnosis and treatment of Ovarian Cysts. The directions for the operation of ovariotomy, abdominal and vaginal, are admirable, and most lucidly given. The last words of lesson XXIV are the following: "In concluding this subject, let me advise you not to undertake the operation of ovariotomy until you have mastered all the details of antiseptic surgery." Surely this is scant justice to "Listerism" in ovariotomy in view of the recently published marvellous results obtained by Keith, Wells, and certain German operators under the spray. Forty-one successive successful cases by Keith will deter every conscientious man from ever performing this operation without antiseptic precautions.

The 26th Lesson is the author's admirable presidential address before the American Gynecological Society. The subject is, "The relation of Neurasthenia to Disease of the Womb." In this paper the author attempts to teach a much-needed lesson and to give a much needed caution. The text is contained in the first few words. It is as follows: "In the yet young and brilliant school of gynecology there is, to my thinking, a tendency to make too much of the womb and its annexes as causes of so-called female disorders."

Lesson XXVII contains hints for the prevention of uterine disorders, special hints for the management of the puerperium, and general hints with reference to modes of dressing, exercise, occupation, &c. "Too much brain-work—too little house-work," is a cry which is sure to be echoed by every physician who has much experience of the diseases of the opulent classes of society.

Lesson XXVIII is on the relation which faulty closet accommodations bear to the diseases of women—"an unsavory subject," the author remarks, but surely one of great importance. We have not space to say more than that the operation of such causes is probably often overlooked or forgotten by the profession, although we can all corroborate every word he says in his descriptions of such imperfect accommodations.

The last lesson is entitled the Sexual Relations as Causes of

Uterine Disorders. In this lesson the author boldly and eloquently lays bare and attacks certain vile practices commonly resorted to by certain of his fellow-countrymen and women in the married state who do not wish to have children. We quote a paragraph: "How immoral must be the effect when husband and wife meet, not 'to endear each other,' as Jeremy Taylor quaintly has it, but to adjust accoutrements, to compound antidotes, and to consummate with pre-arranged precautions and cold-blooded calculations a union which, for its perfect mental and physical fruition, should be spontaneous and unrestrained."

We have nothing further to say than to advise every one of our readers to read this lesson. It will doubtless afford revelations to many of them. We are glad to be able to say that we believe that in our own city and land there is comparatively little of such iniquity practised.

We here conclude our notice of this remarkable book by merely saying that every gynecologist must read it, and exceedingly pleasant reading he will find it to be.

The National Dispensatory, containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex.—By ALFRED STILLÉ, M.D., LL.D., Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and JOHN M. MAISCH, Phar.D., Prof. of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second edition; thoroughly revised, with numerous additions. With two hundred and thirty-nine illustrations; 8vo, pp. 1680. Philadelphia: Henry C. Lea.

The remarkable demand for this work has necessitated a second edition within a few months. This, of course, constitutes the clearest demonstration of the favor in which it is held by the profession throughout America. It is, in fact, invaluable to every one as a work of constant reference. It is impossible for any one to follow up all the more recent discoveries as to the

action of known drugs, the medicinal virtues of new ones, and the novel uses to which either of these have been successfully applied. But we must possess the means of obtaining all this information when required, and the National Dispensatory is beyond dispute the very best authority wherein to seek it. It is throughout complete in all the necessary details, clear and lucid in its explanations, and replete with references to the most recent writings, where further particulars can be obtained if desired. Its value is greatly enhanced by the extensive indices —a general index of materia medica, &c., and also an index of therapeutics. It would be a work of supererogation to say more about this well-known work. No practising physician can afford to be without the National Dispensatory.

The Pathology of Venereal Diseases.—By FREEMAN J. BUMSTEAD, M.D., LL.D., late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; late Surgeon to the New York Eye and Ear Infirmary, &c., &c. Fourth edition, revised, enlarged, and in great part re-written by the author and by Robert W. Taylor, A.M., M.D., Professor of Skin Diseases in the University of Vermont, Attending Surgeon to Charity Hospital, &c. With 138 woodcuts. Philadelphia: Henry C. Lea.

This is the fourth edition of the celebrated American work on Venereal disease. The revision of the entire book has occupied the author and his coadjutor for the past two years. It must be looked upon with melancholy interest as containing the last literary work which this able writer was fated to perform. Since its publication we have all heard of the death of that eminent and scientific syphilographer, Dr. Bumstead. In the author's preface he states that he never doubted for a moment that, if a well executed revision was carried out and made to bring the treatise down to the level of our present knowledge, it would not fail to meet with the same favorable reception which has been accorded to the three previous ones. We have not the slightest doubt that these anticipations will be fully realized. Immense advances have been made of late years in the

study of the pathology of syphilitic changes, and we can only say that in every chapter which we have had the time to examine, we find that all the recent literature bearing on the point has been subjected to careful criticism, and the results are plainly stated. The reader thus gets not alone the author's views of any particular subject, but is put in possession of the present aspect of medical knowledge thereon. It would be quite unnecessary to say more about a book which has long been recognized as the standard work in that special department in America. It must be possessed by every one interested in this class of cases. Even those who have the previous editions cannot afford to be without this one, owing to the very large amount of new and valuable matter it contains.

Infant Feeding, and its influence on life; or the causes and prevention of infant mortality.—By C. H. F. ROUTH, M.D., M.R.C.P.L.; Fellow of University College, London, of the Medical, Medico-Chirurgical and Obstetrical Societies, Senior Physician to the Samaritan Hospital for Women and Children, &c., &c. Third edition. New York: Wm. Wood & Co.

This is another of the numbers of Wood's Medical Library. It is well known already through its previous editions, and ranks as one of the best English works upon the management of young children. The author is one who is thoroughly imbued with the importance of having physicians fully acquainted with the peculiarities of the infantile organism, and the agencies which are liable to prove hurtful thereto. All that he writes, therefore, is presented in a manner at once forcible and clear, and tends to convey to the reader some of his own enthusiasm on the subject in hand. The first chapters are occupied with the discussion of the various circumstances connected with the viability of infants and the general mortality amongst them. The subject of lactation is treated of, together with full directions for the examination of breast-milk and the selection of wet-nurses. Dr. Routh is strongly opposed to the prevailing system of selecting these from amongst fallen women, arguing from many

points of view, moral, social and physical, in favor of preferring married women for this purpose. The third part treats of the composition of milk,—human, goat's, ass's, etc., and of the best substitutes for these which can be employed. Here, of course, is introduced a pretty complete account of the processes of nutrition and digestion in children. The last, or fourth, part takes up the general diseases induced by improper feeding or defective assimilation, together with the preventative, dietetic, and medicinal treatment best calculated to obviate these. On the whole it is an excellent addition to the Library, which the subscribers will doubtless find of great practical service, and will use for frequent reference.

First Step in Chemical Principles, being an introduction to Modern Chemistry, intended especially for beginners.—By HENRY LEFFMAN, M.D., Lecturer on Toxicology in the Summer School of Jefferson Medical College; Assistant Professor of Chemistry in Philadelphia Central High School, &c. Philadelphia: Edward Stern & Co.

This little pocket volume, of 50 pages, professes to have for its object "to make clear, by elaborate explanation and illustration, those points in theory, notation, and nomenclature which give trouble to beginners." The writer has had an extensive experience in teaching chemistry to students, and hence has been able to learn practically what special points they are which prove stumbling blocks to the acquirement of the necessary knowledge. The explanations are confined to the rudiments proper, specially of nomenclature and notation; they seem to be written in a very clear and altogether suitable manner. To any student entering upon the study of chemistry this little manual cannot fail to be of great service, even although he may be provided with one of the recognized text-books generally in use.

Chemistry; medical and pharmaceutical, including the chemistry of the U. S. Pharmacopœia. A manual of the general principles in Science, and their application in Medicine and Pharmacy.—By JOHN ATTFIELD, M.A.,

Ph.D., Member of the Councils of the Institute of Chemistry of Great Britain and Ireland; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, &c., &c. Eighth edition. Revised by the author. 8vo., pp. 590. Philadelphia: Henry C. Lea.

This is one of the standard works on general chemistry, both organic and inorganic. The extent to which it has been appreciated is of course sufficiently testified to by the demand for new editions. This latest one has been thoroughly revised, and will be found to contain, in brief, everything necessary for a complete collegiate course of chemistry. Much assistance is afforded to the student by the questions and answers in the way of exercises which are appended to the end of each chapter. Being a typical text-book, we think that Attfield's Chemistry should always be found amongst those recommended to students of chemistry, for constant use and careful study whilst attending lectures and demonstrations on this subject.

Books and Pamphlets Received.

Manual of the Practice of Surgery.—By W. FAIRLIE CLARKE. M.A., and M. B. (Oxon.), F.R.C.S., Assistant Surgeon to Charing Cross Hospital. New York: Wm. Wood & Co.

Photographic Illustrations of Skin Diseases.—By George H. FOX, A.M., M.D. Parts V and VI. E. B. Treat, 805 Broadway, N. Y.

A System of Medicine.—Edited by J. RUSSELL REYNOLDS, M.D., F.R.S., &c. With numerous additions and illustrations, by HENRY HARTSHORNE, A.M., M.D., &c. In three volumes—Vol. I. General diseases and diseases of the Nervous System; Philadelphia, Henry C. Lea.

Pharmacographia.—A history of the principal drugs of vegetable origin met with in Great Britain and British India.—By FREDERICK A. FLUCKAGER, Ph.D., and DANIEL HANBURY, F.R.S. Second edition. London: McMillan & Co.

Outlines of the Practice of Medicine with special reference to the Prognosis and Treatment of Disease, with appropriate formulæ and illustrations.—By SAMUEL FENWICK, M.D., Lecturer on the principles and practice of Medicine at the London Hospital, &c. Philadelphia: Lindsay & Blakiston.

Transactions of the American Ophthalmological Society.—Fifteenth annual meeting.

The Second Annual Report of the Presbyterian Eye and Ear Charity Hospital.—Baltimore, Md.

The Alienist and Neurologist.—Vol. I, No. I.—A quarterly journal of Scientific, Clinical and Forensic Psychiatry and Neurology.—Edited by C. H. HUGHES, M.D. St. Louis.

Annals of the Anatomical and Surgical Society,—Vol. II., No. I.—Edited by CHARLES JEWETT, M.D.. New York: G. P. Putnam's Sons.

A Protest against Meddlesome Midwifery.—By H. GIBBONS, Sr., M.D., (read before the San Francisco County Medical Society.)

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Benzoate of Soda as an Antiseptic.—The somewhat sensational accounts connected with the use of this article in Germany induces us to give the following from the *Medical Times and Gazette*, which that Journal gives under the caption—"The Story of a New Remedy."

A few weeks ago there appeared in the Weiner *Medizinische Presse*, No. 37, a "preliminary note" on the use of inhalations of benzoate of sodium in phthisis. The writer, Dr. Kroczak, announces that in Prof. P. Von Rokitansky's clinic, at Innsbruck, of which he is the assistant physician, most wonderful results had been obtained from them even in most advanced cases; in fact, three such were described, in which patients with large cavities, high fever, and in a state bordering on the moribund, were discharged in a month or two as "cured," with great gain of weight, and disappearance of the signs of cavities. The solution of benzoate used was one of five per cent. strength, but no details as to the mode of administering the inhalation, or as to the daily period of using it, were supplied. A few days later, private inquiries, and still later, a letter from Kroczak himself to an eager patient elicited the information that the solution was to be inhaled as spray pulverized by a Seigle's apparatus, for an hour morning and evening. At the same time the patient was to have plenty of fresh air, good meat (one effect of the benzoate being to greatly increase the appetite),

and freedom from all depressing influences. The news of the wonderful discovery at Innsbruck spread far and wide in Vienna, and the demand for Benzoate of sodium and Seigle's pulverizers soon exceeded the supply. The drug has now been largely tried, not only in the General and other Vienna hospitals, but also by family doctors among the sadly numerous class of consumptives in that city, and the Wiener *Medizinische Wochenschrift*, from whose pages much of our present information is derived (see Nos. 39, 40, 41, 43, 44, 1879), affirms as the outcome of all this *furore*, that all these experiments "*have failed to yield the slightest favorable result, or a trace of even the most trifling diminution of dangerous symptoms.* [The italics are those of the paper we quote from.] On the other hand, public opinion in the Austrian medical world has become greatly excited against Prof. Rokitansky; first, because he has given his silent support to what it considers the inaccurate statements of his assistant, and secondly, because it regards him as playing the part of a charlatan by taking advantage of the credulity of the lay public, and making capital out of what the doctors consider very like a swindle. This feeling of indignation has led Prof. Albert, of Innsbruck, a colleague of Robitansky, to challenge him to a public demonstration of his cases before the medical profession of that town; and has even raised a cry of "*amoveatur*," or "Let him be removed from his chair," from the editor of the *Wiener Medizinische Wochenschrift.*

Nevertheless, in spite of this outcry, there is reason for believing that inhalations of benzoate of sodium may arrest septic processes (and there is no doubt that the later stages of phthisis are accompanied with, or dependent on, septic processes,) in the lungs. Dr. Schüller, of Greifswald, (*Archiv für Exper. Pathologie*, Band xi, Heft 1, 2), has recently shown that if rabbits are rendered tuberculous by making them imbibe, through a tracheotomy wound, caseous or scrofulous matter, or the bacteria which Klebs has obtained by cultivating infusions of such matter, the diseased process can be arrested by making the animals inhale either the benzoate solution or creasote for a lengthened period. If two rabbits of the same age and weight

are treated, the one with innoculation alone, the other with innoculation *plus* inhalation, the latter rapidly gains weight and regains its health, the former falls away and dies. Moreover, Dr. Schüller, in a modest letter published in the *Wiener Med. Woch.*, No. 40, referring to these researches and to their application to human phthisis, declares "that we have also in Greifswald been able to convince ourselves repeatedly of the extraordinary good results of the use of the drug in men."—*Mich. Med. News.*

Staphylorrhaphy a Failure.—There are from thirty-five to forty distinct sounds in the English language, of which only three are nasal. For the perfect articulation of all the other sounds the nasal passages must be closed, and all the voice directed through the mouth. If there be any escape of voice or sound through the nares, except in making M, N, and Ng, the speech will be defective.

If the soft palate is congenitally defective, or a portion lost by accident or disease, or if as the result of staphylorrhaphy, it is too short to reach the pharyngeal wall; or again, if the palate be rigid and immovable; or if it be inactive, as in the case with people of lazy speech, the English language cannot be spoken with purity.

All staphylorrhaphic operations have failed to benefit the patient, because first, the only need for any interference is to improve the speech. The patient experiences no difficulty from any other source sufficient to justify a surgical operation. Second, in drawing the sides of the fissures together, and uniting them by suture, the newly-formed septum or velum is rigid and too short. It does not reach the posterior pharyngeal wall, nor can it be made to; and consequently there is an escape of voice behind it, and the whole speech is more or less imperfect.

The only remedy thus far known lies in the introduction of an artificial palate so constructed that it will fulfil the above described functions. This is quite possible to do, and the results are satisfactory. During the last twenty years I have

applied hundreds of these instruments, and the patient has the means of learning to speak perfectly. As a general rule the artificial palate must be an elastic valve filling the fissure and bridging across the pharynx.

The best age for the introduction of such an apparatus is as soon as the permanent teeth and alveolar processes are fully developed; and after the maturity of the second, or twelfth year, molars there is very little perceptible enlargement or change of form. Consequently at thirteen years of age the treatment should not longer be postponed; delay after that period tends to confirm bad habits and make new ones harder to attain.

Children acquire a foreign language much quicker than those of maturer years, and for the same reason bad habits of speech are much sooner broken up.

There is no limit to advance of age when an artificial palate might not benefit a person. In one case it was introduced for a lady 62 years of age, with so much benefit to herself that she felt fully rewarded; but satisfactory results become more and more difficult as maturity and old age come on. In all cases the full benefit depends upon the intelligent application and the perseverance of the patient. A cleft-palate patient will not necessarily speak better for having an artificial palate in his mouth, any more than he will become a good musician by owning the instrument.—*Dr. Kingsley in Med. Advocate.*

Surgical Treatment of Goître.—Dr. Wölfler, in speaking of the treatment of goître with subcutaneous injections of iodine, says (Langenbeck's *Archiv*, Bd. 24, Heft. 1,) that favorable results have been obtained both in cases of simple hyperplasia, and of colloid degeneration. He illustrates his statements by a few cases from Billroth's clinic, and an experiment on a dog made by himself. The lobes of the thyroid gland of this dog had respectively attained the size of a goose's egg, and the author made ten injections of iodine into one of the lobes. The dog was killed at the end of a month, when the portion of the goître into which the injections had been made was

found to have dwindled down to the size of a man's thumb; it consisted of connective tissues which no longer contained any colloid liquid. The peripheric part of the injected goître presented the same appearance as the lobe which had remained untouched; it consisted of large meshes of connective tissue, which contained colloid fluid. There were no traces of inflammation or hemorrhage following the injection of iodine. Several strumous cysts were treated in a different manner; one cyst with thin walls was absorbed after injections of iodine; two other cysts resisted this treatment. In two cases Billroth drained strumous cysts with antiseptic precautions. In one of these cases, the cure was speedily effected; in the other, the cyst was not wholly absorbed, as there were calcareous deposits in its walls. The sac was then opened and the contents removed, after which the patient, a woman aged 72, recovered. The author thinks that tapping the cyst and putting in a drainage tube ought to be done in cases where a cyst does not collapse immediately after being tapped, or in old people where the injection of iodine might be succeeded by a too strong reaction, but where extirpation of the goître might prove fatal. In the course of the last year, Billroth has extirpated goîtres in seven cases under antiseptic precautions, the results having each time been very favorable. In one of these cases the patient was suffering from malignant cystous papilloma; in another case the struma was of carcinomatous nature. All the wounds healed by first intention.—*London Med. Record.*

Czerny's Operations for the Radical Cure of Hernia.—At the last meeting of the West Chicago Medical Society, January 12, a paper was read by Dr. E. W. Lee on Radical Operation for Hernia,—neither strangulated nor inflamed,—by Czerny's new method. The paper was illustrated by a successful case. This is the first operation by the new method performed and published in the United States. It was the antiseptic method that gave Czerny the courage to attempt the radical operation in a more effectual manner than was possible by previous operations. An incision is made along

the entire length of the hernia. The contents of the sac, if intestinal and reducible, are reduced; if intestinal and irreducible, are dissected loose and reduced, and the sac is ligatured at the neck and cut off. If the contents be omental, they are included in the ligature with the sac. The fibrous columns of the external ring are drawn together by an uninterrupted suture of strong carbolized catgut, and thus the internal ring is closed save at the point of exit of the spermatic cord. A drainage tube is inserted, the wound closed with sutures, and dressed antiseptically. This method, as compared with the older ones, is a very remarkable advance toward perfection. The most recent of the older methods,—that of Wood, of London,—could only be applied to reducible hernia, and the results of his operation are always uncertain, because the fibrous columns are drawn together by sutures, applied more or less subcutaneously, lest suppuration should supervene. Thus the columns or pillars are not laid bare, and the exact application of sutures and narrowing of the ring are rendered impossible. Czerny's operation has been performed in nine cases of inguinal hernia, and in no case did peritonitis follow.—*Chicago Med. Gazette.*

The Redemption of Memphis is an earnest of the near future, inasmuch as the people of that city and the legislature of Tennessee have determined upon the execution of the sanitary work recommended by experts under the auspices of the National Board of Health, which, in brief, comprehends the systematic ventilation and chilling of all the houses in the city, and especially the thorough cleansing and ventilation of all cellars and yards; discontinuance, cleaning out and filling up with clean earth all privy-vaults; the immediate disuse of polluted water; the disinfection or destruction by fire of all fomites of whatever nature; cleansing and utilizing the bayous as means of facilitating surface drainage; the removal of all surface filth, including rotten wood pavements; the provision of a pure water supply; sewerage, subsoil and surface drainage, and impervious pavements.

Roused to a full sense of the importance of the work, not-

withstanding the impoverishment to which they were reduced by the ravages of an epidemic of yellow fever of almost unprecedented fatality, so great is the faith of the people of Memphis in the recommendations of sanitarians that they have asked and obtained the privilege of imposing a special tax of two per cent. on all their taxable property, in order to raise the means necessary to carry these recommendations into effect. The progress and result of this work will be watched with eager interest by sanitarians all over the world, for it puts to the test the influence of local sanitation on a disease, which is said by some who profess to much knowledge on the subject, to bid defiance to all local conditions ; in illustration of which views, reference may be made to the reports and discussions of the sixth annual meeting of the American Public Health Association. (See the *Sanitarian*, Vol. vii, pp. 5—23.) For ourselves, it seems hardly necessary to say, we anticipate a complete refutation of all such views. Another summer's observation of the conditions common to yellow fever in this country, have fortified us in the conclusions we have heretofore frequently found occasion to express, that the conditions of yellow fever are, in general, putrefying organic matter, moisture and high temperature ; and wherever these three factors combine in the greatest degree of completeness within certain geographical limitations, there yellow fever is most likely to arise or may be introduced with the greatest facility, and is most wont to prevail. And of all the means at our command for preventing or disarming yellow fever, cleanliness is the most potential and the most enduring, and most of all applicable to vessels in communication with places where the fever prevails.—*The Sanitarian.*

Coto Bark in the Diarrhœa of Phthisis.—Whatever difference of opinion may exist as to the desirability of attempting to arrest the less severe forms of diarrhœa which we encounter in earlier phthisis, no one can doubt the value of a remedy which will help us to control the grave and exhausting attacks of diarrhœa which occur in its more advanced stages. Dr. J. Burney Yeo (*Practitioner*, Oct. 1879,)

is persuaded that we possess such a remedy in coto bark, and he expresses this opinion with all the more confidence because it has not been arrived at hastily, but represents the observation and experience of more than two years.

During this period, he says, I have given it in many cases of apparently uncontrollable diarrhœa, that is to say, cases of diarrhœa which were not controlled by the ordinary remedies, such for example as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it blended with the Mistura Cretæ of the Pharmacopœia. It is deserving of notice that when given in both these forms it appeared inert; and one might have been induced to discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element which was precipitated in tough masses when the extract was carelessly mixed with water. I had the following mixture carefully prepared:—Fluid extract of coto 60 minims, compound tincture of cardamons 60 minims; mix these together and triturate them slowly with mucilage of acacia 3 drams, and simple syrup 2 drams. Finally add water to 6 ounces.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhœa.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract prepared by Ferris & Co., of Bristol. The dose is from 5 to 8 minims. An

alkaloid *cotoin* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

I may add that I suggested its use in a case of exhaustive and uncontrollable diarrhœa in one of the graver forms of exophthalmic goitre, which I saw in consultation with my friend Dr. Chaning Pearse, of Brixton; and he has since informed me that it not only arrested the diarrhœa, but also appeared to have a remarkable influence in allaying the distressing nervous phenomena associated with the case. I am quite sure that coto bark is a valuable remedy which ought rapidly to come into general use.

Veterinary Medicine.—An address on this subject in the *Maryland Medical Journal* contains the following appropriate remarks:—

"Within a few years veterinary medicine will loom up in its broad proportions, and astonish mankind that the world should have existed so long without it. When we are told from actual statistics how many millions of dollars' worth of our domestic animals in the United States annually die from absolutely preventable diseases, as well as from those that are curable, the thought should not only occasion surprise and alarm, but should awaken each of us to a sense of responsibility and feeling of criminal neglect. Veterinary medicine and surgery now presents the largest and most profitable field of all the various departments of knowledge for the labors of young men of ability and energy; and now is the time to enter it. The early gleaners will reap the richest reward. It is highly important that the veterinary profession, yet to be developed, should have a proper foundation for its future superstructure; and in obtaining this solid basis, much more will depend upon the friendly influences and aid of the medical profession than upon any other class. It is our duty to extend the helping hand to our associates in comparative pathology. The same qualities that combine to make a good physician in the human family are all needed for the physician who devotes his exclusive attention to the diseases of

the inferior animals. And in so far as the respectability of the two professions (if they can be separated at all) is concerned, we are unable to make any distinction whatever. The respectability of all professions or callings depends entirely upon the character, standing and education of those who practice or follow them. The veterinarian should have the same preliminary education, and the same natural abilities that are required to make a good, kind-hearted and conscientious physician among men."

Hoarseness—Borax and Nitrate of Potassium.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale.*

Routine Use of the Ophthalmoscope in Cerebral Disease.—Dr. J. Hughlings-Jackson asserts in the *Medical Press and Circular* that there is nothing in medical ophthalmology more important than the fact that a patient who has acute neuritis can read the smallest type and may not know that his sight is in any way defective. This claim he has made for several years, and now presents many authorities to support it. As a consequence of the fact, he urges the necessity of a routine use of the ophthalmoscope, lest the disease be overlooked in its earliest stage, and we lose an important help in diagnosing other pathological changes.

—Rudolph claims that an acute case of coiza may be cut short by chewing one or two dried leaves of the eucalyptus, and swallowing the exceedingly bitter and aromatic saliva. In chronic cases no such effect is produced.

CANADA

Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1880.

REPEATING PRESCRIPTIONS.

We have published in our last two numbers communications from an experienced and valued correspondent on the necessity for some rule to guide the action of druggists when called upon to repeat physicians' prescriptions. The matter is one of considerable importance, and we feel obliged to the writer for having thus directed attention to it. As an apposite illustration of the possible dangers which may arise from the laxity at present existing, we shall quote the following case, with remarks, from a recent number of the *Medical Times and Gazette* :—

" An American lady, two years back, applied to a well-known west-end physician. She was supplied with two prescriptions: one for a pill containing one grain of opium, another for a mixture of chloral and bromide, ten and fifteen grains respectively. Neither of these doses could for a moment be called excessive, and the mixture was only to be taken at bedtime. But what was the result? Once in possession of these documents, the unfortunate lady set herself to work to procure unlimited quantities of the two medicines by making use of the same prescriptions over and over again, first at one shop and then at another, often procuring double quantities. Death and an inquest followed. Once, apparently, procure a prescription for any noxious or poisonous drug, for whatever purpose, and ever after this same drug is at the command of any one who may be able to lay hands upon the prescription! There are frequently ordered mixtures containing such substances as aconite, strychine, prussic acid, or belladonna, to say nothing of opium, which once out

of the physician's hands are at the will of the world. Nay, more, it is a well-known fact that if a certain prescription has done good to one, it may be circulated among the members of the family or kindly friends in the neighborhood. Surely under such circumstances it is grossly unfair to hold a physician answerable for what may happen. Were the property in the prescription vested in the physician, such things could not occur. Were medicines dispensed, as in olden days, by the practitioners themselves, that could not occur. The mischief arises solely from the hiatus which now exists between physicians and chemists, whose interests, taking this case for example, do not seem to be identical. The physician would prefer to give a fresh prescription and receive a fresh fee: the chemist undertakes to save the physician's guinea to the patient by constantly dispensing the same prescription; and if one will not do it another will."

We believe that if some clear understanding could be arrived at, it would be of much service both to the prescriber and dispenser. It would give the one what he should have—viz., the control of the use of his prescription,—and it would protect the other from the risk of offending his customer in case of a refusal to act; it would also at times protect individuals from themselves, as in the above instance. As to the form which such regulation should assume there might be differences of opinion. The American suggestion adopted by our correspondent is, we think, admirable—that it should be understood (enforced, if possible,) that no dispenser shall, on any account whatever, fill more than once any prescription across which the prescriber has written the words "No duplicate." This is a subject which the Medical Societies might well discuss.

We might mention that the plan advocated by our correspondent is the one which meets with general approbation from the pharmaceutists' point of view. In evidence of which is the fact that, in its last issue, the New York *Druggist's Circular*, in alluding to the letters in this *Journal*, says: "Between the public who insist on having their prescriptions repeated as often as they have a mind to, and some physicians who wish that no medicine be dispensed again unless a new fee is paid, the com-

promise appears fair and reasonable." Believing, therefore, as we do, that all druggists of good standing would be ready to abide by any such regulation as proposed, and as its results would certainly be satisfactory to the medical profession, we should be glad to see some action taken in the matter.

A REMARKABLE CASE.

We observe an article published in the *Detroit Lancet*, Jan., 1880, entitled, " A case of enormous Dilatation of the Stomach, simulating Ovarian Cystoma and Ascites." We take for granted that any published case is, from the fact of its publication, a fair subject for reasonable criticism. We desire, therefore, to make a few remarks upon this, in many respects we trust, unique case. It is reported by Dr. A. Reeves Jackson, Fellow of the American Gynecological Society, and whose statements should therefore receive the weight due to one holding such a position. Dr. J. first saw the case in consultation with another physician. A lady, æt. 22, some months previously, had observed gradual enlargement of the abdomen, beginning, she thought, on the right side—a good appetite, sometimes voracious, and frequent vomitings—but steady and rapid emaciation. At the visit, " abdomen very much enlarged, the fullness being tolerably uniform, although the greatest distension was in an oblique direction from the left hypochondriac to the right iliac region." The enlargement was " soft and yielding, no hardness being perceptible in any part; neither could I detect the outline of any tumor or cyst." There was a clear note in the umbilical region, and dulness in the flanks—the dulness varied with position. The diagnosis was ascites. The physician in charge, however, maintained still that it was an ovarian cyst. The distension and vomiting having increased, he tapped the abdomen with an ordinary trocar, drawing off two or three ounces of dark-colored fluid, which " had a sour odor, an acid reaction, and contained portions of partly-digested food, grains of rice, pieces of potato, bread, meat, &c."! To a *jesting* remark of Dr. Jackson whether he had tapped the stomach, the reply was that it was impossible, as he had gone three inches below the navel! It is

explained that his theory was that the contents of the stomach had been escaping into the abdomen through some ulcerated opening! The following day they proceeded to perform ovariotomy. When the dilated stomach was reached, it was taken for the peritoneum, and a 4-inch incision made into it. About a gallon of fluid, mixed with food, seeds, &c., was removed. The operator's hand was freely passed in, and he discovered that there was *no pyloric obstruction.* Having satisfied himself on this point, the parts were sewed up. The patient died the same night. The author then writes some pages to show how a dilated stomach may resemble an ovarian cyst or an ascites. Now we feel bound to say that the heading of the paper is misleading. The conditions present did *not* simulate ovarian cyst, and should never have been mistaken for it. Vomiting a marked feature, rapid emaciation, the enlarged, but soft, abdomen in which no tumor could be felt, and, above all, the description as given of the outline and location of the enlargement, would suggest to any who had ever seen such a thing—a greatly enlarged stomach. Is it not strange that no one suggested the stomach-pump to aid in the diagnosis of such an apparently doubtful case? We think the history of ovariotomy affords no such example. To tap the abdomen, draw off grains of rice and bits of potato, and then do gastrotomy to see where they came from! It is remarked that neither Spencer Wells, Peaslee, Barnes, Thomas, Hewitt nor Scanzoni make mention of dilated stomach as being possibly mistaken for ovarian tumor. For the simple reason, that none of them had ever experienced the slightest difficulty in distinguishing cases presenting such entirely different clinical features. Such cases as the above are not creditable to the science of medicine, and we hope it will be long before its annals find for it a fellow.

THE CAT AS A SUBJECT.—Dr. Burt G. Wilder, of New York, has written recommending students to use the bodies of cats for purposes of dissection. He points out that the anatomy of the cat is very much like that of man: the resemblance being closer than that of most other domestic animals.

The viscera having nearly the same arrangement; the brain has the primary divisions and even some of the fissures which are found in man. Most of the cranial nerves can be easily discovered. The bones and many of the muscles may be identified from a knowledge of Gray & Quain alone. As remarked by the *N. Y. Medical Record*, carrying out this suggestion would probably serve two good ends: "the numerical decrease of cats and the quantitative increase of anatomical knowledge."

Sodium Chlorate.—Dr. Traill Green, of Easton, Pa.. recommends (*Phila. Med. and Surg. Journal*) the use of Sodium Chlorate as being preferable to the now so commonly prescribed potassium chlorate. One advantage claimed for it is its greater solubility in water. Dr. G. says that it will dissolve in a little more than its own weight of water at 20° C., whilst at the same temperature the potassium chlorate requires sixteen times its own weight of water. Its solubility enables one to admininister it in small doses of the vehicle to children, and the dose is not large for adults. Its solubility also renders it more easy to be absorbed into the general system. It is asserted that practically it has succeeded in cases where the potash salt already used had failed. Its employment is recommended in just the same cases in which potassium chlorate is known to give such satisfactory results,—stomatitis, tonsillitis, the inflamed throat of scarlatina and diphtheria,—as a wash to the surface to allay itching in scarlatina,—topically in rhus-poisoning, in erysipelas, and other skin affections. With a knowledge of the better tolerance generally of the salts of soda than of potash, it might be well for others to give this drug a trial, and compare the results obtained.

Another Important Decision.—James Skirving, M.D., &c., of the county of Oxford, Ont., a duly registered British practitioner of medicine, was twice convicted before a Justice of the Peace for practicing medicine contrary to the Ontario Medical Act, and ordered each time to pay a fine of $25 and costs. He appealed, and the case was argued before the Judge in the General Sessions of the Pleas, in the County of Oxford, in June

last. Both convictions were quashed with costs, and the Judge said he had come to that conclusion without any regret, as he thought the appellant (who had done his utmost to secure his rights to registration from the Ontario Medical Council) had been harshly dealt with.—*Can. Lancet.*

Medical Items.

—Another death from chloroform is announced. It occurred at St. Johnsbury, Vt., and the victim was a young man who was being anæsthetized for the extraction of a tooth. Surely ether will soon altogether supercede more dangerous chloroform.

—At the annual meeting of the Ottawa Medico-Chirurgical Society, held Jan. 9, 1880, the following officers were elected for the year:—*Prest.*, Dr. Carmichael, 1*st Vice-Prest.* ,Dr. L. C. Prevost, 2*d Vice-Prest.*, Dr. E. C. Malloch, *Sec'y and Treas.*, Dr. R. W. Powell. The Society meets regularly twice a month. During 1879, the average attendance was over 12.

—The appointment of a Registrar-General over the head of Dr. Farr has met with universal condemnation. The latter has resigned in consequence of this action of the British Government. One is at a loss to conceive how the merits of a gentleman who, during thirty years of memorable service, had made for himself a world-wide reputation could ever thus have been overlooked.

OBITUARY.—We regret exceedingly to see in the *British Med. Journal* the announcement of the death of Mr. Ernest Carr Jackson, one of the surgeons of the National Orthopœdic Hospital of London. Although but 26 years of age, his writings on his special subject had already attracted attention, and he was marked as one of the rising men sure to be further heard from. Having had the pleasure of personal acquaintance with Mr. Jackson, we know what a loss his premature decease must be to his many professional friends.

DEATH OF SOELBERG WELLS.—Dr. Soelberg Wells died at his home in London, Dec. 8th. Dr. Wells was professor of ophthal-

mology in King's College, London, and ophthalmic surgeon to King's College Hospital and to the Royal London Ophthalmic Hospital, and author of a well-known work on diseases of the eye. Apart from his professional attainments, Dr. Wells was a man of fine social qualities, and an excellent musician. He died while yet having only reached middle age.

—Dr. Geo. W. Beard looks upon many forms of Bright's disease as amongst the "sequences of Neurasthenia," and he claims to have had several apparent recoveries from well-marked renal disease of this nature from "faradization, galvanization, and counter-irritation over the kidneys, persistently kept up, and the administration of vegetable tonics."

Operating by the Electric Light.—On the 11th December, '79, Mr. Berkeley Hill operated for vesico-vaginal fistula in University College Hospital while the vagina was lighted up by Mr. Coxeter's application of the glowing platinum wire. The apparatus consisted of a fine wire twisted into a small knot. Through this knot was sent a continuous galvanic current, strong enough to maintain the wire at a white heat. The wire was enclosed in a glass chamber, which was itself also enclosed in another glass cover. Through the space between the glasses a current of water was allowed to flow in order to preserve a low temperature round the light. The afternoon, which was dark and foggy, afforded a good opportunity of testing this plan of lighting up deep interiors, and the illumination was completely successful. A strong light was maintained for more than an hour, close to the margins of the fissure, without impeding the manipulations of the operator.

Scurvy.—In reporting the reception of Prof. Nordenskjöld and the staff of the *Vega* at Nagasáki, *Nature* notes that there was not a single case of scurvy during the whole voyage. This was owing to the free use of a curious little berry that springs out of the ice and snow during the short summer; it bears profusely, and has a taste like the raspberry, but more acid. The fruit is dried, and then mixed with the milk of the reindeer, and it can be carried in a frozen state for thousands

of miles. There was also used a curious kind of food made from the whale's hide, which is pickled and eaten freely during the winter. This will be of interest to our future Arctic explorers, and is once more a lesson to persons of the opinions of Captain Markham and Sir G. Nares to prefer vegetable juices and potatoes and fruits to rum as a preventive of scurvy.—*Brit. Med. Journal.*

NEW METHOD OF PRESERVING DEAD BODIES.—The German government has recently bought the patent for a new preservative fluid. It is claimed for it that the bodies, even after years, retain their color, form and flexibility. Decay is entirely prevented, and the muscles even keep the natural color.

The bodies are saturated in a liquid made as follows:—

℞ Alum, 100; Sodii chlorid, 25; Potas. nitrat., 12; Potas. carb., 60; Acid. arsenici, 10; Aquæ, 1000.

This solution is cooled and filtered. There are then added to ten litres of the fluid four litres of glycerine and one litre of methylic alcohol. From two to five litres of the liquid are used in saturating the body to be preserved.

PRURITUS ANI.—A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint: Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complalnt.

THE DISEASES OF CHILDHOOD NEGLECTED.—Glancing at the work done by the profession in societies, public institutions and literature, it is impossible to escape the impression of the paucity of attention bestowed upon the maladies of child-life, and the little interest they seem to arouse. The men who for a time made these diseases a special duty have lapsed into silence, if not inaction, and however good the daily work done by the

general body of our practitioners may be, the profession is not enlightened by their discoveries, or placed in possession of any improvement that may have been effected in treatment.—*Lancet*, Oct. 18.

—Another good tale is told, which raises the laugh on the side of the examiners. A group of young students were around the dissecting-room fire, cross-examining Tomkins, who had been up for his primary college the day before, as to the nature of the questions, and how he had done, etc., etc. Tompkins, who had been rejected three times previously, answered that had done very fairly, and thought it very likely he had "stumped" the examiners at last. "By-the-bye," proceeded the hero of many exams., "there was one question I couldn't understand; when I was leaving the hall he asked me if I knew '*how many blue beans made five?*' Can any of you fellows tell me?" The roar of laughter which followed this recital was something terrific. I need hardly say that Tompkins was ploughed again.—*Students' Journal.*

EXTRACT OF MALT.—"This invaluable preparation is rapidly gainlng ground as a curative agent in all forms of chronic debility, from whatever cause. It is especially applicable in bronchial affections, in syphilis, and in the extreme debility with loss of appetite depending on chronic uterine affections. There are ten or twelve preparations of Malt Extract with other medicines. Of these I have used but three:—the simple Malt; Malt with Cod Liver Oil; and Malt with Citrate of Iron and Quinia. It is about four years since I began the use of Malt. In that time I have prescribed it frequently, and never without satisfactory results. I have never known it disagree with the stomach, except after having been taken continuously for a considerable time. Cod Liver Oil is frequently unbearable. I have met with patients who could not, under any circumstances take Cod Liver Oil pure, who could take with a relish Extract of Malt with Cod Liver Oil.

"Extract of Malt with Citrate of Iron and Quinia is one of our very finest tonics and fat-producers, and patients use it with a better relish than any of our bitter tonics."—*From a paper on "New Preparations," by Dr. H. D. Rodman, of New Haven, Ky., in Louisville Medical Herald, (Jan.* 1880.)

CANADA

MEDICAL & SURGICAL JOURNAL

MARCH, 1880.

Original Communications.

CASES OF PERTUSSIS TREATED BY CARBOLIC ACID.

By R. W. POWELL, M.D., Ottawa, Ont.

(Read before the Ottawa Medico-Chirurgical Society.)

Mr. President and Gentlemen,—As no subject was named at the last meeting for discussion to-night, and as I am partly responsible for the omission, I feel it incumbent upon me to offer a few observations in the hope that they may stimulate you to discussion.

Considering the prevalence of pertussis among the growing population, it is surprising how little attention is given to it by the majority of practitioners; and it is equally surprising, considering the advances that have been made in pathology in recent years, to find that the treatment of this important affection is still so undecided.

As a rule the disease is regarded very lightly by physicians, and more lightly I think than the nature of the affection warrants, because, while it must be admitted that pertussis pure and simple is usually an insignificant affair, as far as its consequences are concerned, yet we find it as a rule complicated with other affections which impart a gravity to it, and render it worthy of our very closest attention.

In some epidemics the mortality runs very high indeed, and it will be found on inquiry that death is to be attributed in a

very large proportion of cases, as I before intimated, to the co-existing complications or sequelæ.

In an annotation in the *Lancet*, in June, 1878, it is there stated, while speaking of the very high rate of mortality in this disease in London during that year (the average number of deaths for 25 weeks being 115 per week): "Nearly all the fatal cases occur among the working classes, and are due not so much to the disease itself as to its sequelæ, in the form of affections of the respiratory organs."

Now, in considering the treatment of any special disease, it is to my mind of the first importance to be able to locate it, if I may use the expression, in its proper class; and if this can once be done a great point is gained, and we are then limited in our therapeutics after a certain point. This is then the first difficulty we meet with in treating this affection. We cannot so locate it, as Dr. Octavius Sturges truly remarks: "It claims alliance with nervous affections, with zymotic diseases, and with ordinary catarrh."

The difficulty of determining its cause and pathology will explain at once the various views held as regards its treatment. If we are willing to allow the attack to run its own course, and content ourselves with guiding it to a favorable termination, then the treatment is conducted upon principles so well known in the management of chest affections as to need no repetition.

It must be noted here, though, that the duration, even in an uncomplicated case, is very uncertain: terminating in some cases within three weeks, in some less, and that often in moderately severe forms, while in others it will continue as many months.

If we admit that the gravity of the case is in direct ratio with its duration, and I think this view is generally held, and that the longer it lasts the greater the likelihood of unpleasant complications, even to a fatal termination, then I maintain that we are fully justified in using every available means at our command to cut short the attack, even in a mild case.

From what I have said of the nature of the affection, you will gather that I do not pin my faith upon any one specific to

the exclusion of other treatment, but I do believe that we possess certain remedies, which, if used in suitable cases, exert a marked influence in cutting short the attack.

The theory that the symptoms of this disease are due to several combined factors is one supported by very strong argument, and although as yet we are unable to distinguish precisely in any given case which factor is the predominant one, still I think we are approaching that stage, and I have no doubt that before very long we will be able to choose the appropriate remedy to suit the special case. Until then our treatment, though often beneficial, will be in a manner unscientific.

In the meantime let us make a note of our cases, and watch the effect of the special treatment adopted, because I hold that we are in a way bound for the safety of our patient to use special means to cut short the attack, when we know that in a very large proportion of cases it is quite possible to do so, and when we know also that in so doing we place the patient in such a condition as will enable him, or her, to escape the often serious complications which in many cases arise from the prolonged continuance of the disease, and which are not due alone to its severity.

I do not purpose to speak dogmatically at all on the value of one remedy, but I will submit for your consideration a few cases treated specially with carbolic acid, which drug is certainly a valuable addition to our therapeutic armamentarium in pertussis.

I would just mention that several remedies are proposed as specifics in this disease. Among the more important ones we find atropia, quinine, croton-chloral and carbolic acid. Each one of these has its special advocates, and I doubt not that they are all beneficial in suitable cases. I hold at the same time that were we, in the present state of our knowledge of the etiology and pathology of pertussis, to use indiscriminately only one of these several drugs, we would occasionally be disappointed.

Dr. John Reynolds reports four cases treated with comparatively large doses of quinine, with a manifestly good result.

These cases were cured respectively in 3 doses: 36 hours, 60 hours, and 2 days (*Lancet*, April, 1876).

A failure with this treatment is also reported in the *Lancet*. The patient, æt. 5½ years, having taken 107 grains in 4 days without the slighest benefit. Croton-chloral has also been largely used, the cases reported being cured in from 10–11 days as a rule. The largest number I can find treated on this plan are between two and three hundred reported by Dr. Roberts, and he says most cases usually yield completely in two weeks.

Dr. Fiddes also states that in his cases the relief was manifested in about 50 per cent.

Carbolic acid has had also an extended trial in the hands of various practitioners with a result altogether satisfactory, the cure taking place in from 4 to 10 or 12 days. The "whoop" usually ceasing first and the cough continuing a few days longer.

One point in this treatment must be carefully noted, and that is permitting the vapor of the acid to be inhaled, and it has been found that this is sometimes necessary to influence the course of the attack, the internal administration of the drug not having the desired effect.

I hope that some of the members present will relate their experience in the treatment of this disease, and report their cases, because it is only in this way that we will be able to form a correct opinion as to the merits of these various remedies, and to establish a sound mode of treatment.

July 6, 1878.—Saw four children of Mrs. O'B. They have been whooping for at least six weeks, the attacks being worse at night. I ordered the two elder, æt. 7 and 5 years, to take 1 m. ac. carbolic, three times a day; one child, æt. 3 years, ½ m., and a baby, æt. 9 mos., ⅓ m., ter in die. I combined it with cardamoms and Syr. limon. I instructed the mother to wring cloths in a solution of the acid 3iss ad O*j*, and to hang them about the bed. The benefit of this treatment was noticed in from 2–3 days.

July 19*th*.—Cough almost gone, whoop having ceased several days ago.

July 21*st*.—Completely well.

June 18*th*, 1878.—J. K., æt. 8 years. Has had a distinct whoop 8–10 days following a catarrhal stage of 10 days. The paroxysms are very severe, and are followed by vomiting, epistaxis, etc., conjunctival vessels been ruptured, and the boy presents a horrible appearance, attacks come about every half hour at night. Ordered ½m. ac. carbolic in glycerine and syrup every two hours.

June 21*st*.—No appreciable relief. Ordered to continue medicine, and to make use of the cloths wrung out of a solution of the acid as before.

June 24*th*.—Relieved a good deal; to continue. It gradually subsided from this date, and disappeared by July 1st.

The next two cases show a failure with this treatment.

June 26*th*, 1878.—J. K., æt. 4 years. Began the same treatment with carbolic acid, and continued its use till July 16th, together with the vapor as before.

July 18*th*.—No improvement whatever. Very weak, no appetite, and vomits continually.

Put him now on a mixture of nitric acid and belladonna, with some nitrate of potash and vin. ipecac.

July 21*st*.—Improving rapidly, and quite recovered by the end of the month.

T. K., brother of the preceding two cases, æt. 1 year and 9 months. Tried the carbolic acid treatment regularly for over two weeks; child getting worse; very weak and no appetite; spasms very severe.

I now put him on the same mixture as in the preceding case, with no apparent benefit.

After using various remedies I resorted to chloral hydrate, and this gave great relief and seemed to control the spasms. This was a very severe case, and I expected a fatal result, however, after a prolonged seige and a faithful use of the chloral hydrate, he eventually recovered.

Aug. 16*th*, '78.—Saw two children of Mr. P. Boy, æt. 4½ years, whooping since July 25th; girl, æt. 1½ years, whooping.

since Aug. 1st. Each have six or seven paroxysms every day and as many at night. Girl is teething.

To place carbolic acid about the beds as before, and the boy to take 3 ♏, with cardamoms and syrup, ter in die; girl to take half the dose.

Aug. 23*rd.*—Boy began to improve in a couple of days, and is now almost well, the whoop having left completely; but he coughs once or twice a day. Appetite good. The girl improved also for a few days, but seems now in much the same state as at first, excepting an improvement in the appetite.

Aug. 28*th.*—Girl completely well, and no whoop.

Sept. 20*th*, '78.—Saw two children of Mrs. D., æt. 8 and 6 years, females. Have been whooping for eight days. Three or four attacks in the day and six or seven at night, but otherwise the health is good. I ordered ½ ♏ carbolic acid four times a day in glycerine and cardamoms. In three or four days it was noticed that the seizures were less frequent at night, and so it went on till in some twelve days the spasms were entirely relieved and did not return.

Nov. 12*th.*—Have continued well.

Sept. 4*th*, '78.—Child of Mr. B.'s, æt. 2½ years, has had a cold for two weeks or more, and began to whoop distinctly on Sept. 1st. Three or four seizures each day and two or three at night, and are increasing in severity. Ordered ½ ♏ carbolic acid in glycerine, cardamoms and syrup every three hours.

Sept. 7*th.*—Cough has ceased at night almost completely, and in a few days the whoop entirely disappeared.

18*th.*—Not taking any medicine now, and the cough is still present to a slight degree, but no whoop.

Aug. 29*th*, '78.—Child of Mrs. G., æt. 1 year, has had whooping-cough since Aug. 1st. Put him on ½ ♏ carbolic acid in glycerine and cardamoms every 3 hours.

Sept. 2*nd.*—Improving in every way; bowels becoming regular; only coughs once or twice a day.

Sept. 4*th.*—Improved since 2nd; no whoop; cough subsided *in a few* days more.

The number of cases here is, of course, altogether too small to enable us to form a very positive opinion as to the merits of this mode of treatment, but, on the whole, the result is to my mind very satisfactory. I shall not hesitate to continue this method, and I intend recording the results in my note-book in order to better qualify me to give an opinion.

We find that in the above cases the average number of days necessary for cure in the successful cases is 8.1; also, that the percentage of failures in 13 cases amounts to 15.3. I regret not having more cases to analyse, but I have mislaid some note-books and do not wish to speak from memory, excepting just to say that the cases treated on this plan, other than those reported, were, as far as I can recollect, similar in every way.

CASE OF ACUTE PURULENT MENINGITIS, THE RESULT OF ACUTE OTITIS.

By GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University, Attending Physician Montreal General Hospital.

(WITH REPORT BY DR. BULLER.)

W. J., æt. 35, was admitted into the Montreal General Hospital on the 17th January, 1880. He was then in a half stupid and delirious condition, and was paralyzed upon the left side. The following history was therefore obtained from his wife, who accompanied him: The patient has been a healthy and industrious man; never suffered from earache, and has never had any discharge from the ear until the present time; his hearing has been perfectly good. Just one month ago (18th Dec., '79,) he was attacked with a severe earache, which lasted only a few hours, when discharge began, and he had immediate relief. Went to work the next day as usual. The discharge ceased in three or four days, and he felt quite well until nine days ago (9th Jan., '80), when very severe pain again set in in the same ear, and kept on increasing in violence. Poultices were applied, and on the 15th a free discharge was once more obtained; but the pain continued with even augmented intensity, and occupied the whole of the right side and front of the head. He now

became delirious, and the same day his wife observed that his left hand was decidedly weak. The next day there was dragging of the left leg. There has been no vomiting at any time.

On admission, free purulent discharge from right ear; mastoid process and neighborhood normal; no œdema or hardness. Constant talkative, wandering delirium, alternating with intervals of half stupidity. Pupils equal, medium size, acting with light; both eyes strongly directed to the left side. Left hemiplegia, and a slight impairment of power in closing the left eyelids. Fever of 102° F.; pulse 96. Urine contains no albumen or sugar. *Diagnosis*—Acute purulent meningitis by extension from the ear. *Prognosis*—Probably fatal. *Treatment*—Two leeches in front of the ear; ice-bag to the head; and calomel gr. ss every four hours. The next day Ung. Hydrarg. rubbed into the groins.

On the 18th there was a soporose condition, with unequal pupils (the right dilated); noisy breathing; a very rapid pulse, and the patient died insensible at 3 a.m., 19th January, being the fourth day from the apparent onset of the head-symptoms.

The *autopsy* showed extensive inflammation of the meninges, lymph and pus being abundantly found both at the base and over great part of the convexities. This need hardly be described in detail. The greatest interest centered in the demonstration of the track through which the pus had reached the brain. This part of the examination was very kindly undertaken by Dr. F. Buller, Oculist and Aurist to the Hospital, from whom I have obtained the following report, after a most minute investigation of all the parts concerned:—

The temporal bone, including the eustachian tube, was removed in the usual way, and examined the same day. The external auditory canal presented nothing abnormal. The membrana tympani was of a dull yellowish color, somewhat retracted, and traversed by numerous blood-vessels visible to the naked eye. There was no perforation discoverable. The mucous membrane about the orifice of the eustachian tube was somewhat swollen, and of a dusky hue; the tube orifice was filled with a yellowish tenacious mucus.

The lateral and petrosal sinuses were absolutely healthy. The seventh pair of nerves were surrounded with a purulent fluid which, with them, filled the meatus auditorius internus. but the nerves themselves and the bone of the meatus were healthy. The dura mater over the superior surface of the temporal bone was covered with a thick layer of purulent material, which, however, did not differ from the same material found upon the dura so extensively throughout this side of the head.

The bone corresponding to the roof of tympanum and mastoid antrum was found reddened, but showed no trace of ulceration or erosion, and though the dura mater was readily removed from this part, there was no subdural accumulation of pus. The bone was now allowed to freeze in snow for a few days. After being thawed out with cold water, a drop of pale reddish-yellow tenacious, muco-purulent material was found oozing through a small aperture in the bone at a point one centimeter external to the highest part of the ridge indicating the position of the superior semi-circular canal. Through the aperture a piece of fine silver wire was readily passed downwards and forwards across the tympanum. Judging from the appearance of the aperture, it probably served, in the normal state, for the transmission of a small blood-vessel.

The tympanic mucous membrane was thick, soft, pultaceous, and of a dingy red color. The tympanum was filled with a tenacious muco-purulent fluid, or rather with mucus containing a few pus cells. A similar material filled the spaces in the mastoid portion of the bone in the neighborhood of the tympanum. A remarkable anatomical feature in this bone was, that the lateral sinus curved so far forwards that it would have been difficult, if not impossible, to have perforated the mastoid antrum in the usual way without injuring the sinus. The cancellous tissue about the antrum was not at all in communication with that of the mastoid process. This fact probably accounts for the fact that the latter structure did not present any of the external evidences of inflammation.

THREE CASES OF BRAIN DISEASE.

By WM. OSLER, M.D., M.R.C.P., Lond.
Professor of the Institutes of Medicine, McGill University; Physician to the Montreal General Hospital.

(*Read before the Medico-Chirurgical Society of Montreal.*)

(Continued from page 295.)

Case III.—*Stricture, operation followed by high temperature—Temporary right-sided Hemiplegia, with Aphasia.*

J. T., aged 33, civil engineer, admitted Sept. 5th, '79, under Dr. Roddick, with stricture of urethra. There is a history of venereal disease some years before—(patient says he had chancre at 12 years of age)—and the stricture is of old standing. Passage of a catheter has always been followed by elevation of temperature. At 1.30 p.m. of 5th, stricture was operated upon, patient being under ether about 20 minutes. He had a chill at 4 p.m., a rigor at 9 p.m., and at 10.30 temperature was 105 1-5°. Was given xx grs. of quinine, and ordered drop doses of aconite every hour.

6th.—At 3.30 a.m., said he felt queer; legs were cold, belly hot, and he was sweating. At 4.30 he got out of bed, and was somewhat wild in his manner; passed bloody urine. At 5.30 a.m. he had fallen into a deep sleep, from which he awoke at 6.30, but did not speak; passed urine and fæces in bed. When spoken to, stared strangely, but did not answer. At 10 a.m. it was noticed that he had lost the power of moving right extremities, and had become aphasic. Paralysis not complete in the leg, as it moved slightly when touched. Sensation dulled, though a prick was evidently felt. Face was drawn to left side; tongue protruded to the right; pupils equal, moderately contracted. 1.30 p.m.—Has not spoken or moved right extremities since 10 a.m. When asked, he moved the left leg. Does not feel the prick of a pin on either leg or arm. The nurse observed him lift the right arm with the left, and then suddenly lifted the right arm alone, exclaiming, "By George." He moves about restlessly in bed, and stares around in an anxious manner. When asked if he wished to go home, he once said "Yes," being the

first answer given to a question. Subsequently, he replied "seven" when asked how many fingers there were on a hand held up before him. 6.15 p.m.—Answers "yes" to every question. Moves both arms freely. When approached unexpectedly, arm is found limp; when raised up it becomes stiff. No sensation apparently in right side. Seems to understand what is said, and laughs confusedly, as if ashamed, and often looks annoyed at his incapacity to answer questions. 8 p.m.—Condition the same; answers "yes" to all questions; once when asked his name, said, "I can't say"; and again when questioned, tried hard to say it, and when the name was mentioned, said "yes." Sensation has returned to right leg; absent in right arm. 10.30 p.m.—Sensation has returned to right arm.

7*th*.—Condition not greatly changed, and it was rather hard to rouse him from his stupid state. When asked to write his name, he took the pencil in his right hand and wrote "I have some—" and then said, "I can't do it." Resisted forcibly an attempt to examine his chest. Passes urine consciously. 4 p.m. —Moves arms and legs freely, and feels acutely on either side.

8*th*.—Is brighter; said, without being spoken to, "I am better, just nearly well, yes, yes, yes;" when asked his age, he replied (after saying, "you want to know so as to find out my age,") "thirty-three," which was correct; when told to write it, he wrote plainly James Thompson; when asked to read some large print, he read his own name, and when told to spell out the words of the print, he began "J-a." Has good power over extremities and sphincters, will raise his right arm when asked, but appears to forget to let it down again. No heart affection discovered.

9*th*.—Is quite bright and intelligent, and has very little difficulty in saying anything he wishes, but does so in a hesitating manner.

11*th*.—At 6 a.m. awoke, after having slept from 10 p.m. the previous evening, and says that for a time he was unable to remember either persons or things, but in about an hour recovered the power of calling things to mind.

12*th.*—Does not appear so collected, and has greater difficulty in recalling words.

14*th.*—No change.

17*th.*—Is up. Complains of a throbbing pain in head. From this time on he progressed favorably, talked freely, but with a little hesitancy. Left Hospital October 5th.

Feb. 15*th.*—I have seen this patient several times through the winter, he still has a somewhat hesitating speech and seems queer. Says his memory is bad, and he often finds difficulty in getting the right words to express his ideas. He gives an account of attacks of temporary loss of consciousness, apparently of the nature of " petit mal."

This is a case of more than ordinary interest. There must have been some temporary interference with the speech centre and also with the integrity of the motor tract. We cannot suppose this to have been due to any gross lesion of these parts, else the recovery would not have been so rapid, but more probably to some impairment of their functional activity owing to a deranged blood supply. In this view we suppose a small extravasation to have taken place, or a thrombus to have formed in some vessel, causing a slight lesion in the neighborhood of the anterior convolutions of the Island of Reil on the left side, not directly involving either the speech centre or the motor tract, but doing so indirectly or temporarily by pressure, or a collateral hyperæmia.

The hemiplegia may possibly have been caused by the rupture of a small vessel during the struggles attending the ætherization. In the discussion upon this paper a case was mentioned which occurred some years ago in this city, of an old man who was ætherized for a cataract operation. He seemed to " go off " nicely, and the extraction was made, but the patient could not be roused from the heavy soporose condition into which he had fallen, and died the same night. At the autopsy an apoplectic clot was found in the brain.

In an article on the administration of æther in the proceedings of the King's County Medical Society for October, 1879, Dr. H. F. Williams mentions a case of mastoid disease in which æther

was administered, and the patient became comatose within 30 hours, but whether the æther had anything to do with the fatal issue is doubtful.

Such facts should be borne in mind when administering æther to old persons or to individuals with arterial degeneration. In several such cases I have been very uneasy when watching the severe struggles which so frequently precede complete ætherization. I am told by Dr. Buller that Mr. Jonathan Hutchinson makes it a rule not to give æther to persons over 60, on account of the dangers attendant upon congestion of the cerebral vessels in the aged.

Hospital Reports.

Notes of some Cases treated at the Montreal Dispensary.

By R. MACDONNELL, B.A., M.D., M.R.C.S., Attending Physician, Assist. Demonstrator of Anatomy, McGill University.

Case I.—*Necrosis of lower jaw from Phosphorus poisoning.* — J. B., æt. 12, a strumous-looking lad, an apprentice in a brass foundry, presented himself at the Montreal Dispensary on the 13th June, 1878. There was an ill-defined swelling about right side of lower jaw, with toothache and fœtor of breath. The first molar was removed, it being carious. Three days afterwards he returned to say that he felt no more pain. Ten days after the extraction the neighboring molar fell out, soon followed by the bicuspids, and the bare bone was felt in the empty sockets. The mucous membrane of the mouth was unusually pale, and a thin red line fringed the margins of the gum of the lower jaw. On questioning him more closely, it was discovered that he was an adept in the art of holding burning matches in his teeth, illuminating the interior of his mouth, and leading his juvenile companions to suppose him to be some demon of the lower world.

On the 1st August, 1878, the alveolar process of the right side of the lower jaw was bare as far forwards as the canine tooth, and the gum receded from the edges of the tooth sockets to the extent of about a quarter of an inch. There was much suppuration. Affairs remained stationary for about a month,

when I suggested that measures should be taken to assist nature in the removal of so large a piece of dead bone. The boy's mother then took him away from the Dispensary. At the end of a year, I met the patient in the street, and was told that a large piece of bone had come away, and that his jaw was now quite well.

The exposure to the fumes of phosphorus seems in this case to have been very slight. There are similar cases on record. Mr. S. Jas. A. Salter quotes two. In the one (Pluskal's case), a little girl, seven years of age, was attacked with necrosis of the lower jaw owing to her habit of playing with matches, standing before a wall and discharging them in the dark for amusement; while in the other (Simon's case), the disease appears to have been brought about by a person chewing pieces of ginger which he kept in his pocket with some lucifer matches.

CASE II.—*Alveolar Abscess, pointing externally.*—M. G., æt. 45, cabman. Nine days ago left jaw began to swell. Presented himself at the Montreal Dispensary on the 9th September, 1879. Complains of very intense pain over left ramus of the lower maxillary bone, where there is tense swelling, with obscure fluctuation. This swelling extends generally over the upper part of the neck. The front teeth can only be separated to the extent of about a quarter of an inch. Thick creamy coating on tongue; breath most horribly fœtid. Made incision over the ramus of the jaw and removed an ounce of exceedingly foul-smelling pus. Pain and sense of suffocation disappeared. The patient could now open his mouth. There were three decayed teeth, with pus welling up around and through them. I could not prevail upon him to have these teeth removed. The external wound soon healed, and suppuration ceased.

CASE III.—*Swelling and Induration of Tissues about the lower jaw caused by Alveolar Suppuration.*—J. K., a nursemaid, æt. 20, had for nine or ten days been suffering from a swollen face. When she came to the Dispensary the left half of the face was puffy. Over the inferior maxillary bone the integument was

firmly glued down to the bone. The jaws were fixed, and could not be separated to any extent. I found that the first molar on that side was loose, and extracted it. There was the small sac usually found in such cases at the extremity of the fang. The symptoms disappeared in a few days. A month afterwards this girl reappeared with precisely the same condition of affairs on the right side of the face. Recovery followed another extraction.

CASE IV.—*Alveolar Abscess; much constitutional disturbance.*—Annie R., æt. 37, a widow; has had aortic regurgitation for last 15 years. On the 29th October, 1879, complained of "stiff neck." At first the right side and afterwards the left was affected; pain very intense. Morphia injections gave temporary relief; liniments and fomentations gave none. On the 2nd Nov., the pain was all on the left side of the neck and face, and radiated in the latter situation from three divisions of the fifth nerve. The swelling on the face was general, and there was none of that induration of tissues about the lower jaw observed in the other cases. Tongue very uniformly and very heavily coated, and enlarged to such an extent that each tooth made a deep impression upon it. Subsequently these impressions became ulcers and demanded special treatment. The ulcers on the left side were much deeper and more painful than those on the right. Gums greatly swollen. Breath most horribly fœtid. Jaws fixed, so that tongue could not be protruded. Saliva, creamy and very offensive, dribbled from the mouth. Great pain in left ear. The patient became very feeble in a few days. Extraction was objected to. The patient could not believe that her teeth were not in good order. She had had a molar stopped about three years ago; on one or two occasions she had felt this tooth a little uncomfortable. All symptoms subsided in a week after extraction had been performed. There was the usual sac upon one of the fangs of the tooth extracted.

CASE V.—*Acne Indurata of many years standing. Success of the Chrysophanic Acid treatment.*—Delia F., æt. 53, married. Has six healthy children; habits temperate; no history of

syphilis. Never suffered from any stomach derangement, nor from uterine disease. Face has always been pimply, but for the last three years it has been covered with large indurated pustules. At present the disease extends all over the face, being especially worse about the roots of the hair and behind the ears. She has had all kinds of treatment, including arsenical and mercurial courses. Wishing to test the value of chrysophanic acid in such cases, I purposely avoided the use of any other remedy, either internal or external, and, moreover, I treated one side of the face before the other.

On the 23rd Jan'y, 1879, hostilities were commenced against the parts about the right ear. The ointment used was a weak one, being of the strength of 15 grains of the acid to the ounce of lard. At first I applied it myself every second, and afterwards every day. It produced a deep-red discoloration. In three weeks the right half of the face was quite well. In seven weeks the cure was complete. A few days ago she told me that there had not been any return of the disease.

CASE VI.—*Paralysis of Muscles of the Thumb, supplied by the deep Ulnar Nerve.*—A. B., æt. 20, a stout, well-built young man, while bathing, received a blow over the right "funny bone." For some months afterwards he felt pain over the inner condyle of the humerus, increased by raising the arm. Felt this pain very severely whenever he raised his hat to bow to any one. For the last month has felt pain about the palm of the right hand, with loss of power in the right thumb. He came under my care exactly one year after the accident. At that time he found great difficulty in writing and in using his dinner knife. The muscles of the right thumb are not perceptibly smaller, but they are decidedly less firm than those of the left. Flexion of the fingers is quite strong. The action of closing the thumb against the index is very feeble. On putting my own finger into the interspace between his index and his thumb, I feel very little pressure. He can oppose the thumb to the fingers quite properly. When his hand is placed flat on a sheet of paper, it is found that the extent of abduction of the index of the injured

side from the middle line is ¾in. less than that on the sound side. I inferred that there was paralysis of those muscles of the thumb supplied by the deep branch of the ulnar nerve, viz., the short head of the flexor brevis pollicis, the adductor pollicis, and the 1st dorsal interosseous.

Faradization was the treatment adopted. After each sitting the index could be a little more abducted. The treatment ceased when it was found that the extent of abduction from the middle line of both indices was the same.

The treatment of Indolent Ulcers by a modified and simpler plan of applying the principle of Baynton.—Take a piece of common adhesive plaster, a little smaller than the page of the "Canada Medical & Surgical Journal" on which this note is written, and fold it lengthways. At a distance of about an inch and a half from the top make a transverse cut half way through the width of the doubled piece of plaster. Make a similar cut on the other side of the doubled plaster, the same distance from the bottom, and join the inner ends of the two incisions. There will then be two pieces of plaster. Apply one piece on each side of the ulcer, having previously bandaged evenly from the toes up, and draw the one leg of one piece through the two legs of the other. The borders of the ulcer will thus be drawn together, and pressure will be made on its raised edges. Then bandage the leg up to the knee in the usual manner. The plaster should be changed every two or three days. This dressing has one great advantage over the plan of Baynton, in that it can be applied in a few minutes. Where the ulcer is very indolent, a solution of iodoform in ether may be brushed over the surface of the ulcer.

With this dressing I have succeeded in healing some few very obstinate ulcers, the patient continuing his daily work while undergoing treatment.

—*Braithwaite's Retrospect* enters upon its forty-first year of publication with its January number. It retains its position as the best compendium of current foreign medical literature acceptable to the American physician.

Reviews and Notices of Books.

Montreal General Hospital: Reports Clinical and Pathological. —By the MEDICAL STAFF. Edited by WM. OSLER, M.D., M.R.C.P., Lond. Vol. I. Montreal: Dawson Brothers.

It is with the greatest pleasure that we notice the appearance of this volume, which is the first collected series of Hospital papers ever published in Canada. It should be stated at the outset that we owe the successful carrying out of this undertaking to the energetic editor, who, we know, has taken great pains and spent much time upon this labor of love. Two years ago, Dr. Osler published the results of his observations in separate form as a purely pathological report. On the present occasion, however, the Hospital staff have united in giving various papers of a clinical nature, whilst Dr. Osler continues to furnish the entire pathological report. We congratulate the editor and other contributors upon the manner in which the undertaking has been carried to such a successful issue.

It is very appropriately dedicated to Dr. G. W. Campbell, the respected Dean of the Medical Faculty of McGill University, who for 45 years has been one of the leading surgeons and one of the warmest friends of the Institution.

The first paper is by Dr. Howard, upon Leucocythemia. It includes extended clinical reports of four well-marked cases coming under his observation, in connection with which the etiology and pathology of this affection are discussed. The value of the article is further increased by the frequent careful numeration of the corpuscles which was made by Gower's hæmacytometer. In some instances these observations, as well as the temperature-curve, are shown by means of lithographed charts.

The next is a short series of medical cases reported by Dr. Ross. These include certain diseases which, from their variety, are well worthy of being recorded. They are as follows: Great Dilatation of the Stomach; Hypertrophic Cirrhosis; Athetosis; and Poliomyelitis Anterior Acuta. Each of these presented features of clinical interest upon which remarks are made.

Dr. Shepherd contributes a series of abnormalities observed in the dissecting-room of McGill University.

Dr. Roddick gives first a series of fifteen cases of breast-amputation treated antiseptically; then a separate paper of surgical records, in which several cases of much interest are found —*e.g.*, a man with post-pharyngeal abscess, in whom sudden general paralysis occurred during the application of a plaster bandage; a case of removal of the rectum for cancer; death after operation for omental hernia; rapid cure of popliteal aneurism, &c. The same writer, in another place, also gives a report of an occipital meningocele, and of a remarkable case of Favus, involving the whole body; and some remarks upon the successful employment of Listerism in the Hospital during the past three years.

Dr. Osler writes one paper on four cases of Cardiac Abnormalities, and another on the condition of Fusion of two Segments of the Semilunar Valves, of which he has met with several examples. These are illustrated by three very beautiful lithographic plates by Minturn. His pathological report is similar in arrangement to the one previously published. It contains the important records of all the cases upon which autopsies have been performed in the Hospital during the past two years. It is probably the most valuable portion of the book, and reflects much credit upon its author, being clearly the result of constant careful, painstaking observation and systematic recording and working up of cases.

The remainder of the records consist of a short case of Ruptured Mitral Valve by Dr. Reddy; a well-reported case of Spinal Apoplexy, by Dr. Wilkins; a description also by Dr. Wilkins of a new Kymograph, his own invention; a number of Ophthalmic cases by Dr. Buller; and a statistical review of cases of Typhoid Fever, Pneumonia and Rheumatism, by Dr. Bell, the House Surgeon.

This volume of Hospital Reports will, we think, compare very favorably with similar productions from much older and larger institutions. At any rate, it shows that the members of the medical staff of the Montreal General Hospital have a progressive

tendency, and are anxious to contribute the results of their observations for the general good. The articles themselves bear evidence of having been prepared with considerable care. The paper, type and binding are exceptionally good, and the book presents a very creditable appearance. We trust that this first volume will be followed by others of similarly good quality at regular intervals.

The Heart and its Diseases, with their Treatment, including the Gouty Heart.—By J. MILNER FOTHERGILL, M.D., M.R.C.P., Lond., Assist. Physician to the West London Hospital and to the City of London Hospital for Diseases of the Chest (Victoria Park), Hon. Secretary of the Harveian Society, Associate Fellow of the College of Physicians of Philadelphia. Second edition (entirely re-written); with illustrations. Philadelphia: Lindsay & Blakiston.

The author of this work is well known both in England and America as one of the accomplished writers of the present day. He possesses in a remarkable degree the power of presenting his subject-matter to his readers in no commonplace manner, but in a way which is calculated to lend interest to whatever may be said. This happy faculty is particularly exemplified in the book which is before us, and which is one of the most valuable of many contributions made by Dr. Fothergill to medical literature. One might think that with the many good monographs already in our possession there was no *raison d'être* for still another, but we think the reason given by the author for the original undertaking affords ample justification for its appearance—viz., that of late years such considerable advances have been made both in the physiology of the heart and the circulation, and in investigating the action of remedies upon this organ and in many other cognate directions, that it is important that the sum total of knowledge thus acquired should be collected together in suitable form. The reading of any chapter will show how fully conversant the author is with these modern researches.

From a clinical and practical point of view, the most important thing in connection with heart diseases is correct appreciation of

the natural history, development and general condition of the different typical affections. Many of the classical descriptions —those of Walsh, for instance, and Flint, in a less degree— though accurate and minute in each department, yet fail to meet us in this way. The method and the style of Dr. Fothergill, on the other hand, cannot but convey to the careful reader the distinct remembrance of a series of types of disease, each possessing a special natural history, and distinguished from the others by special well-marked features. We look upon this as one of the best books on heart disease in our language. It conveys clear outline pictures in very pleasant manner, and is at the same time an epitome of modern-science views upon the derangements of the heart.

A system of Midwifery, including the Diseases of Pregnancy and the puerperal state.—By WILLIAM LEISHMAN, M.D., Emeritus Professor of Midwifery in the University of Glasgow, Physician for Diseases of Women and Consulting Physician to the Obstetrical Department in the Glasgow Western Infirmary, &c., &c. Third American edition, revised by the author; with additions by John S. Parry, M.D. With two hundred and five illustrations. Philadelphia: Henry C. Lea.

Leishman's is certainly one of the best systematic works on midwifery. It is very complete in all the parts essential for such a treatise, but perhaps the chapters which are most valuable are those upon the mechanism of labor. A knowledge of the true mechanism of ordinary labor constitutes, of course, the foundation of all correct understanding of the various mechanical troubles liable to occur during parturition. We have been assured by one who has been in the habit of teaching midwifery privately to students, that he knows no book from which the necessary details of the steps concerned in the passage of the child's head through the pelvis are more readily understood and retained than Leishman's. The writer holds strong opinions of his own, formed from a very extensive experience and observation. This, however, does not oblige him to dogmatize, for in all matters open

to differences of opinion we find him very fairly representing the ideas and teachings of others.

With reference to the removal of the placenta, Dr. Leishman advises "keeping the hand upon the uterus and aiding its contraction by means of firm pressure." He further says, "This method of expression or squeezing the placenta and membranes out of the womb has long been practised, but, fortunately, of late years, more particular attention has been directed to it under the name of 'Crede's method,' so that this mode of managing the third stage is now becoming—as it ought to be—very generally adopted." From our own experience we are convinced that this is the proper plan to follow, and that making traction on the cord as even yet practised by some should be altogether abandoned. Under "Crede's method" much less is heard of cases of retained placenta, hour-glass contraction, &c.

Dr. Leishman is moderate and philosophic in his directions as to treatment of the various puerperal complications, making, above all, a sound knowledge of pathology and the end to be obtained underlie our attempts at therapeutics. Take for instance the still vexed question of bleeding in puerperal convulsions. Whilst this is one of the now few remaining strongholds of the Sangrado school, our author properly says "that it would be better to do nothing at all than to bleed without selection of cases," and again, "I incline strongly to the belief that the rejection of the lancet has been too absolute."

The work is well illustrated, and gotten up in the good style of the publishing house from which it appears. To practitioners and students it is to be strongly recommended as a safe and reliable guide to the modern practice of midwifery.

A Dictionary of the German terms used in Medicine.—By GEO. R. CUTTER, M.D., Surgeon of the New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon to the St. Catherine's and Williamsburgh Hospitals, &c. New York: G. P. Putnam's Sons.

For any one nowadays to be kept well-informed in the recent advances being made in any branch of medicine, either scientific

or practical, it is almost a matter of necessity that he read German. To all those thus engaged, this publication of Dr. Cutter's will be very welcome. None of the dictionaries of foreign languages contain all the technical words in general use in the arts and sciences, and thus, not unfrequently, a tyro will find himself at a loss owing to inability to render the exact signification of some given word. This deficiency is admirably filled by the little lexicon before us, which has so opportunely been offered to the medical public. It appears to have been compiled with great care, and is very complete. The book is gotten up with unusual nicety, and presents a particularly neat appearance; the typographical work also is extremely well executed. There can be no doubt but that it will be thoroughly appreciated and widely circulated.

A Manual of the practice of Surgery.—By W. FAIRLIE CLARKE, M.A. and M.B. (Oxon.), F.R.C.S., assistant Surgeon to Charing Cross Hospital. From the last London edition, revised and edited with additions by an American Surgeon. New York: Wm. Wood & Co.

This volume of practical surgery will be found an excellent compend or condensation for students, as well as a useful companion for reference. Consisting only of 300 pages, and extending over the whole range of surgical practice, the chapters devoted to each department are necessarily short and much compressed, but we are clear in saying that as far as it goes it will be found a safe and trustworthy guide to the practice of surgery. It contains a great many illustrations, many of which, we are informed by the author, are from original drawings of his own from cases occurring in Charing Cross Hospital.

The American editor has also materially added to the value of the book by the additions made by him to the original text. These serve to bring down the writing to the very present day, and gives the latest improvements in several important surgical procedures—especially, details containing antiseptic management, the elastic bandage, Sayre's jacket, Buck's apparatus

for fracture of the thigh, &c. Bigelow's method of Litholapaxy is also given as well as the performance of Tracheotomy without tubes. A chapter on tranfusion has also been introduced.

Clarke's manual must be admitted to be one of the best condensed handbooks of surgery yet published. It well deserves its place in "Wood's Library."

A Treatise on the Theory and Practice of Medicine.—By JOHN SYER BRISTOWE, M.D., Lond., Fellow and formerly Censor of the Royal College of Physicians, and Joint Lecturer on Medicine at St. Thomas' Hospital, Examiner in Medicine to the Royal College of Surgeons, &c. Second American edition, revised by the author; with notes and additions by James H. Hutchinson, M.D., one of the attending Physicians to the Pennsylvania Hospital, Physician to the Children's Hospital, Philadelphia. 8vo., pp. 1081. Philadelphia: Henry C. Lea.

Dr. Bristowe is well known in England as a most accomplished physician and able diagnostician. In connection with the great St. Thomas' Hospital, of which he is one of the senior physicians, his name has never been so well known by foreigners as that of the late lamented Dr. Murchison. This has been owing to the extraordinary capabilities of the latter as a clinical teacher, which few have ever equalled. But the scattered writings of Dr. Bristowe are very numerous, and have always carried the weight due to the words of such an experienced and careful observer. On the appearance of the first edition, the author tells us "some of his reviewers mistook him for a young man, and some regarded him as a mere literary physician." The fact being, however, that he has "been actively engaged as a teacher of medicine and its collateral sciences for the last thirty years, and has been one of the physicians to a large hospital for more than five and twenty of them." Since the introduction of this work to the medical public on this side of the Atlantic, it has been received with much favor, and has in several places been introduced amongst text-books to be recommended. This recommendation we can most hearily endorse.

It is very complete, considering the immense field that has now to be traversed in a systematic work of this kind. It bears everywhere, moreover, distinct and unmistakable evidences of the originality of the composition, constant reference being made to the author's own observations as bearing him out in the opinions and teachings he lays down. The style in which it is written is particularly good: it is clear and logical, descriptions being sharp and well-defined, never cloudy, ambiguous or prolix.

The additions of Dr. Hutchinson are meant mainly to supplement certain points connected with the differences observed in various diseases in America as compared with the same in England. They are separated from the general text within brackets. They no doubt add considerably to the value of the book for readers in this country.

For students, Bristowe's practice will make a capital text-book; and every practitioner wishing to have for reference the leading English authorities, should certainly find this book on his shelves.

Diseases of Women.—By LAWSON TAIT, F.R.C.S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for Women) to the West Brunswick Hospital, Fellow of the Obstetrical Societies of London, Dublin and Edinburgh, &c., &c. Second edition, thoroughly revised and enlarged; specially prepared for "Wood's Library." New York: Wm. Wood & Co.

The volume on disorders of the female sexual organs, of which the above is the title, forms another excellent addition to the popular "Wood's Library." It is the work of a very well-known gynecologist, and has evidently been prepared with much care. It is arranged after the manner of most systematic treatises of this kind, giving an account of the normal condition of each of the several parts of the generative apparatus, and then describing in detail the various anomalies to which each of them is subject, together with the treatment most suitable for the reme dying of such defects. In this last department it is very com-

plete and satisfactory, and the reader will find here all the latest improvements which have been made in the management of uterine and ovarian disorders. It is in every respect an admirable gynecological manual, and as such will no doubt be appreciated by the subscribers to the "Library."

Hygiene and Education of Infants; or, how to take care of babies.—By the Société Française d'Hygiène, Paris. Translated from the French by GEO. E. WALTON, M.D., Professor of the Principles and Practice of Medicine in the Cincinnati College of Medicine and Surgery. Cincinnati: Robert Clarke & Co. 18mo. paper.

This is a small pocket volume in cheap form, which will no doubt prove itself a useful companion. It carries with it the approval of the French Society of Hygiene, and can therefore be relied upon. It teaches how to clothe, how to feed, and how to wean babies, &c., &c. It can safely be recommended to young mothers to govern their conduct in the management of their infants.

Books and Pamphlets Received.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., F.R.C.P., Lond., &c. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D., Fellow of the College of Physicians of Philadelphia, &c. In three volumes. Vol. II. Diseases of the Respiratory and Circulatory Systems. Philadelphia: Henry C. Lea.

Sore Throat: its nature, varieties and treatment, including the connection between affections of the throat and other diseases. By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, &c. Fourth edition. Illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston.

The Student's Guide to Diseases of the Eye. By Edwd. Nettleship, F.R.C.S., Ophthalmic Surgeon to St. Thomas' Hospital. Philadelphia: H. C. Lea.

Clinical Lectures on the Diseases of Women, delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M.D., LL.D., F.R.S.E., &c. Philadelphia: Henry C. Lea.

Lectures on the Diseases of the Nervous System, delivered at La Salpêtrière. By J. M. Charcot, Professor to the Faculty of Medicine of Paris, &c. Tran-

slated from the second edition by George Sigerson, M.D., M.C.L., Licentiate of the King and Queen's College of Physicians, &c. Philadelphia: Henry C. Lea.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh, &c. Third American edition, revised and corrected by the author, with notes and additions by Robert P. Harris, M.D. Philadelphia: Henry C. Lea.

A Manual of Pathological Histology. By V. Cornil, Assist. Professor in the Faculty of Medicine, Paris, and L. Ranvier, Professor in the College of France. Translated, with notes and additions, by E. O. Shakespeare, A.M., M.D., and J. Henry C. Limes, M.D. Philadelphia: Henry C. Lea.

Brain-work and Overwork. By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, &c. Philadelphia: Presley Blakiston.

Paquelin's Thermo-Cautery, with Wilson's Antithermic Shield in Epithelioma of the Cervix Uteri. By H. P. C. Wilson, M.D., Baltimore, Md., Gynecologist to St. Vincent's Hospital, &c.

On the Internal Use of Water for the Sick and on Thirst. A clinical lecture at the Pennsylvania Hospital, October, 1879. By J. Forsyth Meigs, M.D., one of the attending Physicians to the Hospital. Philadelphia: Lindsay & Blakiston.

The Therapeutics of Gynecology and Obstetrics, comprising the Medical, Dietetic, and Hygienic Treatment of Women, as set forth by distinguished contemporory specialists. Edited by Wm. B. Atkinson, A.M., M.D. Philadelphia: D. G. Brinton.

REPRINTS.

Malignant Degeneration of a Fibroid Tumor of the Uterus. Large false aneurism in the substance of the growth. By Drs. H. Blodgett and Clifton E. Wing, Boston.

Nitro-Glycerine as a Remedy for Angina Pectoris. By Wm. Murrell, M.D., M.R.C.P., Lecturer on Practical Physiology at Westminster Hospital.

Posture in the Treatment of Intestinal Colic and Ileus: with a consideration of the pathology of "Spasmodic Colic." Being the supplement to a paper read before the New York Academy of Medicine, May 1, 1879. By Frank H. Hamilton, M.D.

Boracic Acid: A new Remedy for Eye Diseases. By Samuel Theobold, M.D.

Ovariotomy—Patient 67½ years; weight of Tumor 60 lbs; extensive adhesions; recovery. By W. F. McNutt, M.D., L.R.C.P., Ed., &c., Professor of Medicine, Med. Dept. University of California.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting of this Society was held on the 30th of January.

Dr. F. W. Campbell drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of the members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. Osler explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. Shepherd then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. Hingston, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. Fenwick thought that, if disease were the cause, indications of that would be unmistakable still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. Buller has knowledge of a case in a young girl, who,

having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. Fenwick mentioned that a gentlemen who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously, afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The President did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, a dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. Shepherd explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator foramen was characteristic. Loss of the trochanter minor was to be remarked. No case of hip disease ever presented just such features as this.

The President read a letter from Dr. Larocque, enclosing a resolution bearing on sanitary matters, which was referred to the Council to report at a subseqeunt meeting.

The regular meeting of this Society was held February 6th.

Dr. Browne read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady aged 63. A small hernial projection showed itself after an attack of diarrhœa; this rapidly inflamed and suppurated, and ultimately opened and dis-

charged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of omentum, but the actual situation from which the blood came could not be determined.

Dr. Campbell has had two cases of umbilical hernia in adults, one of these ending in the same way as Dr. Browne's. In this case the patient had repeated hemorrhages from an ulcerating hernia.

Dr. Browne also read a case of Typhoid Fever. The symptoms in the early days were very severe, including constant delirium, prostration, and subsultus. The wet sheet packing was twice employed, the first time with markedly good effect. Towards the end of illness pus appeared in the urine, though there were no symptoms pointing to inflammation of the bladder or kidney trouble.

Dr. Osler remarked that he had examined the urine, and believed it to be from an inflamed bladder. He also spoke of the frequency with which he had seen post-mortem fœcal accumulations in the large bowel, and advised laxatives in the later stages.

Dr. Kennedy had not seen good results from large doses of quinine, he prefers small repeated doses.

Dr. Buller suggested the possible connection between application of cold and cystitis.

Dr. Hingston thought in this case the scybala had been present while profuse diarrhœa was going on, and spoke of the frequency with which this condition is met with.

Some discussion then followed upon the subject of the tracing of the origin of Typhoid Fever, several members giving instances where this had been found possible.

Dr. Osler suggested that medical men should suggest to their patients asking for a certificate from some sanitary engineer saying that the house drains have been examined and found properly connected.

Dr. Ross read the notes of a case of Acute Purulent Meningitis. The report showed an acute otitis in a previously healthy young man, followed by delirium and left hemiplegia and death

with coma. The autopsy discovered extensive purulent inflammation of the brain. (This case will be found amongst the original communications.)

Dr. Buller had seen the autopsy, and was presented with the temporal bone for examination. After careful searching he found a small opening in the antrum mastoideum, through which the pus had reached the brain. The tympanum showed the signs of catarrh.

In answer to Dr. Ross, Dr. Buller considers that acute otitis is more dangerous as to meningitis than more chronic cases.

Dr. Osler showed specimen of gall bladder firmly contracted upon two large gall stones with obstruction of the cystic duct.

Dr. Finnie stated that the patient from whom this had been taken presented some years ago a large abdominal tumor, the exact nature of which had remained uncertain. The enlargement ultimately disappeared.

Dr. Campbell stated that the Medical Hall were anxious that this Society should occupy the new rooms at once, rent to begin on 1st October. He would suggest that steps be taken for this purpose at once.

It was moved by Dr. Fenwick, seconded by Dr. Kennedy, that the Council are hereby authorized to proceed at once with necessary alterations in new premises.—*Carried.*

BATHURST & RIDEAU MEDICAL ASSOCIATION.

The semi-annual meeting of the Bathurst and Rideau Medical Association was held at Ottawa on the 3rd inst. Owing to some technicality the officers could not be elected till next meeting. Dr. Grant opened the proceedings by an address on the subject of the importance of regular physical training in early youth, and deprecated the prevailing system of education, believing that by it the brain was often over-stimulated and the muscles neglected. Dr. Lynn retired from the secretaryship, and Dr. Whiteford was appointed in his stead *pro tem.* Dr. Kellogg, of Perth, read a short paper containing an account of a recent trip to New York, giving notes of some interesting cases observed in

Bellevue Hospital, with extracts taken from the clinics of Thomas, Sayre, Flint and others. Drs. Cranston, of Perth, S. C. Malloch, and Powell, of Ottawa, were nominated to read papers at the next meeting, to be held at Carleton Place, in August.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Pyelitis cured by Incision in the Loin.—Dr. Habershon reports to the Clinical Society of London the case of a man admitted with a history of purulent urine. A deep fluctuating swelling was found in the situation of the left kidney. After exploratory puncture, this was freely opened under spray by Mr. Davies-Colley; about two pints of pus escaped. It was drained, and the patient quite recovered. The following are a part of the remarks which were made:—

The patient, on admission, was feverish, and in constant pain and distress; there was hectic, and his strength was rapidly failing, and nothing could be more marked than the relief and almost daily improvement after the evacuation of pus had been made by Mr. Davies-Colley. If the operation had been postponed, Dr. Habershon had no doubt the man would soon have become exhausted; and the operation might, he believed, be more frequently resorted to in these cases with benefit, and with the saving of life. It would be well if the whole gland could be safely removed, for it had become the mere cyst of a chronic abscess, and it formed a persistent source of irritation. From the large size of the abscess, it might be doubted whether the suppuration was external to the gland; but it was well known that the pelvis of the kidney might attain to enormous proportions. Some years ago, a man was under care in Guy's Hospital who, from the age of sixteen or seventeen, suffered from periodic discharges of pus from the bladder, the discharge of pus being preceded by the formation of a large projecting sac, extending from the ribs to the iliac fossa on the right side. It was found, after death, that a calculus blocked up the ureter on the right side, and that pus collected in the distended pelvis of the kidney,

so as to reach several pints in quantity; when the distension became excessive, there was a sudden discharge, and the swelling subsided. The distension of the ureter had become greater than the obstructing calculus, and the passage was then free. These attacks recurred, sometimes with intervals of several years, and the patient attained the age of sixty-four years. He died in Guy's Hospital from cancerous disease at the upper part of the remains of the kidney on that side. Mr. Davies-Colley said that the character of the abscess cavity seemed to indicate that it was formed by the dilated pelvis of the kidney. It consisted of a number of smooth-walled compartments freely communicating with each other, and partially separated by ridges, which were most of them encrusted with a calcareous deposit. With the exception of a short period during which pyrexia returned from the too early removal of the tube, the patient's progress to recovery was steady. He wore the tube for a month after he left the hospital on May 15th. The discharge at first increased, probably from the discontinuance of the antiseptic treatment. It then gradually diminished, and finally ceased altogether at the end of October. His general health was good, but he had to be careful about his diet. Meat made him sick, so that he lived chiefly upon bread and milk. On November 5th, when last seen, the wound had been quite healed for two weeks, and there were no signs of any abdominal tumor, although he was examined carefully in the recumbent posture. Mr. Golding-Bird endorsed the opinion that the man's safety in this case was consequent on the action taken. The necessity for surgical interference was illustrated by a case he had seen for Mr. Durham, being that of a man with a swelling in the loin, but having also a bladder affection. It was a matter of uncertainty at first which indication to treat primarily. He decided, however, to cut down on the kidney, and when he explored it, he found no stone, but some small concretions. The case did well, and he felt that, the danger being small, and an incision on to the kidney involving no serious evil, in confirmation of diagnosis simply, it ought to be incurred.

The Teaching of Therapeutics.—The following from the *College and Clinical Record* is a sign of the times.

Almost all advanced teachers of the present day have inveighed sorely against the enormous quantity of useless pharmaceutical matter which many students are still forced to spend time in learning :—" The method adopted by the new professor of these branches, Dr. Roberts Bartholow, is very popular with the students generally. The dry details of the physical properties of drugs in all their minutiæ are only lightly touched upon, in comparison with the more important principles of therapeutics, which receive elaborate discussion and consideration. The large experience of an earnest and thoughtful practitioner is made to bear rich fruit as thus imparted to the hundreds of students who are his almost daily listeners. A group of remedies, of similar physical properties, is considered as a whole in their therapeutical actions, rather than elaborated individually. Of course the most important articles, such as quinine, opium, etc., receive separate and distinct notice, but the trivialities of the Materia Medica are left to be learned in the after-experience of student or professional life ; in other words, the course is a thoroughly practical one, imparting many a useful lesson which the practitioner of the next or the succeeding year—now the student of to day—will treasure up for his own guidance."

A Modification of Blood Transfusion is described by Professors Bizzozero and Golgi, which by its scientific handling contrasts pleasantly with some of the vagaries recently produced in this field. Some months ago a suggestion was made by Ponfick to inject the blood into the peritoneal cavity. The necessary experiments, performed upon rabbits, are now related by the authors (Centralblatt, N. 51, 1879). They find that this is a safe and harmless procedure. The blood disappears speedily from the abdominal cavity, and does not leave the body with the urine. The increase in the amount of hæmoglobin in the blood could be directly measured, and lasted for weeks. The results were the same, though more marked, in animals bled before the transfusion. The originator of this method, Professor Ponfick, of Breslau, related his own experience in the Aerztl. Zeitschrift. In animals he had observed that blood injected into

the peritoneal cavity disappeared completely. Moreover, this injection, if *defibrinated* blood was used, was tolerated without unfavorable reaction. Thus encouraged, the procedure was performed upon three patients with decided success. The only unpleasant consequences were temporary slight fever, and slight abdominal tenderness. A glass funnel was connected with a sharp canula by means of rubber tubing; after filling this apparatus with warm defibrinated blood, the canula was thrust through the abdominal wall. Between 200 and 350 grams of blood were used in the individual cases.

The Treatment of Chlorosis.—The experiments which have been carried on by M. Hayem for several years show that there is in chlorosis not only a diminution of the number of red corpuscles, but that there is in addition an individual change in the corpuscles themselves. This modification is owing to the fact that the red corpuscles possess an insufficient quantity of hæmoglobin. Iron acts by preventing this individual alteration in the corpuscle. To this statement it may be objected that compounds of iron are only of use to the organism indirectly, by stimulating the appetite. Chlorosis is generally accompanied by well-marked and obstinate anorexia. But it is understood that many of the preparations of iron stimulate the appetite, and it may therefore be asked whether chlorotic patients who take iron and recover their appetites are unable to assist in renewing not only the number but the quality of their red corpuscles. For the purpose of demonstrating this fact, M. Hayem, in conjunction with M. Regnault, has undertaken a series of experiments, in which insoluble preparations of iron, such as potassium ferrocyanide, which pass through the organism unchanged, were administered. The experimenters found that these preparations are absolutely incapable of assisting in the renewal of the blood. M. Hayem then adopted the plan of making his patients inhale oxygen. M. Demarquay first showed that this was one of the best methods for stimulating the appetite. M. Hayem caused his patients to inhale oxygen to the extent of ten litres a day at two or three sittings, and has thus obtained wonderful results in

regard to stimulation of the digestive functions. Chlorotic patients who could scarcely be induced to eat raw innutrious vegetables became perfectly ravenous after some days of this treatment, and ate five or six of the hospital rations in the course of 24 hours. The quantity of urea eliminated in the same time rose from 10–12 grams up to 35–40 grams per diem. The general health was improved, and the body weight increased, but the patients retained their characteristlc color, and still remained chlorotic. In fact, the examination of the blood showed that a marked increase in the number of blood corpuscles had occurred, but that the essential alteration, that is to say, the insufficiency of hæmoglobin, still remained. The patients under these conditions, therefore, made a large number of corpuscles, which were no longer normal. After the expiration of two or three months of this treatment the scarcity of coloring matter in the red corpuscles as shown by the microscope contrasted markedly with the improvement in the digestive functions and in the general health, and it was only necessary to stop the inhalation of oxygen to see the patient return to his former wretched condition. To complete his experiments it only remained for M. Hayem to combine the inhalation of oxygen with the administration of soluble preparations of iron. The red corpuscles were then not slow to recover their physiological properties, the beneficial results being hastened by the fact that under the influence of oxygen the alimentary canal is rendered more tolerant of the iron. From these results it may be concluded: (1) That soluble preparations of iron are alone capable of modifying that change in the red corpuscles which is the essential character of chlorosis. (2) In chlorotic patients affected with dyspepsia inhalations of oxygen should be considered as a beneficial adjuvant to the treatment of iron. (*Le Concours Médical*, July 26, 1879.)—*The Practitioner*, *Nov.*, 1879.

Ethyl Bromide or Hydrobromic Ether.

Cases Operated on under its Influence.—By G. F. Sowers, M.D., of Philadelphia.—First brought into notice by Dr. Turnbull, of this city, it has well sustained the reputation which he

gave it. Recommended by Dr. Turnbull to Dr. Levis, it has been employed quite frequently by the latter gentleman as an anæsthetic in his clinical service at the Pennsylvania Hospital. In no case, as yet, have dangerous symptoms presented themselves in anæsthesia produced by the bromide. Its action, while more prompt, is no more dangerous than that of ether, and while anæsthesia is as profound under its influence as that of either ether or chloroform, it is much more evanescent, patients perfectly anæsthetized being able, in from two to four minutes after its withdrawal, to walk or perform any motion requiring co-ordination. Another advantage of this agent is the small amount required to produce anæsthesia; two drachms will, in from one to three minutes, produce an anæsthesia as profound as an ounce of ether; its cost is, of course, a consideration; at present the bromide is worth about 40 cents an ounce, but when we take the relative quantities of other anæsthetics required to produce anæsthesia, the expense is not any greater, if as great. Under its influence any class of operations may be performed; major and minor operations are alike painless. Further, there is not present that depressing influence so often found in the use of ether and chloroform, nor is the desire to vomit present after its use, though occasionally there is slight, but not marked nausea. —*Phila. Med. & Surg. Reporter.*

Arsenic in Uterine Hæmorrhage.—By GEO. S. RANKING, M D., Chester.—I have noticed an extract in the *Practitioner* for October from the *Virginia Med. Monthly*, May, 1879. It occurs at page 249, and is entitled "Arsenic in Uterine Hæmorrhage." An experience of over four years in India has shown me the great benefit which accrues from the use of arsenic in menorrhagia. As you no doubt know, menorrhagia is extremely common in women in India, and has seemed to me to bear some direct relation to ague. I am inclined to think, however, that ague is not a cause of menorrhagia, but that the administration of quinine in doses sufficiently large to check the ague is a certain cause of menorrhagia, if given within a week or ten days of the period. This opinion was

forced upon me by my seeing that in cases where there had not been ague, but where quinine had been given merely as a tonic, menorrhagia was of very common occurrence. In the cases, however, where there was ague and menorrhagia combined, I gave arsenic for the ague and found that the menorrhagia was improved. Thinking the arsenic might have had a beneficial effect, I then tried it in cases of uncomplicated menorrhagia with success. The doses I gave were usually 10 drops of Fowler's solution twice a day either alone or in combination with a mineral acid, after food.

Whilst on this point I may mention that my experience has so strongly convinced me of the ecbolic properties of quinine, that I never fail to ask as to the presence of pregnancy before ordering a dose of quinine. If pregnancy stands in the way of quinine, I have never found arsenic, which I have of late combined with hydrobromic acid, fail to remove the aguish attack. The fact of the efficacy of quinine in ague, taken in conjunction with its action on the uterus led me to try ergot in cases of ague, and I found it extremely efficacious in checking the paroxysm.—*The Practitioner.*

Injection of Chloral in Treatment of Tumors.—Dr. Antonio Pupi, in *La France Médicale*, reports a case of rapidly extending erectile tumor, situated in the naso-palpebral region, which he succeeded in curing by injecting chloral into the base of the tumor, after having failed to arrest the disease by other methods. He was led to try this method from the fact that chloral is not only a hæmostatic and cicatrisant, but that it also has the power of coagulating recently drawn blood, the coagulum so formed being insoluble. Three injections were made, at intervals of fifteen days, the strength of the solution being one to ten of distilled water. Each injection was followed by tumefaction, which, however, was painless, and lasted only four or five days. The cure was so complete, that the traces of the tumor could be detected only by one who was acquainted with the case.—*Phil. Med. and Surg. Reporter.*

Arsenic hypodermically in Chorea.—Dr. W. A. Hammond (*St. Louis Clin. Rec.*, Oct. 1879), claims excellent results from the hypodermic injection of Fowler's solution in chorea. He states that a much greater amount may be used hypodermically without toxic symptoms than can be administered by the stomach, and that no gastric disturbance follows its use in that manner. He advises increasing the amount injected by one drop every day or every alternate day, beginning with from 5 to 10 drops three times daily. To prevent cellulitis and cutaneous inflammation choose a spot where the skin may be readily lifted from the subjacent tissues (a point midway between wrist and elbow is recommended by him), inject slowly into the *cellular* tissue, after having diluted the solution with 2 or 3 parts of water or glycerine, preferably the latter. He states that he has often injected 35 drops as an initial dose.

Citrate of Caffein as a Sedative Anodyne and Diuretic.—Dr. L. Shapter (*The Brain*, Oct. '79), directs attention to some new uses of the citrate of caffein. In advanced cases of cardiac disorder where muscular embarrassment and neurosal incoördinate cardiac action with their consequences have to be met, the citrate of caffein in doses of from grs. iii to grs. v may be looked to: (*a*) to induce coördinate action of the heart; (*b*) to increase vascular pressure and promote free and almost instantaneous diuresis and (*c*) to stimulate a heart gradually being relieved of its source of embarrassment to a more vigorous and forcible circulation. In these several ways the citrate of caffein is an important aid to the tonic action of digitalis, for unless the heat and circulation be relieved by it or by diuretics or cathartics, tonic doses of digitalis will only make a further demand upon the embarrassed muscle to contract more forcibly upon its over-loaded chambers. Caffein by its diuretic virtues and its power of promoting equilibrium in the cardiac and general circulation, paves the way for the safe and efficient use of cardiac tonics. With such powers it is indicated in the melancholia of brain workers, in the de-

pression of spirits of drunkards, in asthenic mania as well as in cases of heart disease.

Expectoration in Phthisis as indicating Treatment.—In an article by Dr. Derivaux, in the St. Louis *Courier of Medicine*, the writer says:—The indications of treatment derived from expectoration are important. In the first place, if this is too copious and tarries long in the air passages, it is far better to hasten its expulsion than to allow it to poison the patient by its emanations and increase the dyspnœa—often so painful in this stage of phthisis. Tonics and chlorate of potash may be chiefly relied on for this end, although it would be better in such cases not to have so much reluctance in prescribing an emetic and repeating it as occasion requires. The chief indication, however, is the diminution of the secretion, the copiousness of which is doubly pernicious for the patient, by the frightful denutrition it causes, and by keeping up a very fatiguing cough. To check this secretion many remedies have been brought forward, none of which has held its ground better than opium and its principal alkaloid, morphine. This is best given in a single daily hypodermic injection of 1 centigram (1-6 gr.). Good results will also attend the exhibition of eucalyptus preparations. According to numerous observations of Dr. Gimbert, of Cannes, a place of resort for numberless consumptives, a notable diminution in expectoration has followed the administration every day of from one to two capsules of essence of eucalyptus, of 20 centigrams (3 grs.) each. More important yet has been the success obtained in England and in France from the use of a creasote derived from the tar of the beech tree. The daily dose in the cases that fell under my observation at the hospice of Bicêtre, in the wards of my preceptor, Dr. Bouchard, Professor at the Faculty of Paris, varied from 20 to 40 centigrams (3 to 6 grs.) A remarkable improvement took place under the influence of this drug.

CANADA

Medical and Surgical Journal.

MONTREAL, MARCH, 1880.

A SILVER WEDDING.

With the termination of the present session, Dr. Dawson, the respected Principal and Vice-Chancellor of McGill University, will have completed the 25th year of his connection with the College. We learn that it is the Principal's intention to celebrate the occasion by entertaining all the graduates of the different Faculties at a banquet in the William Molson Hall, on the evening of 2nd April. We do not doubt that a large company will assemble to do honor to the occasion, and we hope that amongst our numerous graduates in medicine who are scattered throughout the Dominion there will be found many to come and help us of the city in demonstrating our appreciation of the rare services rendered by Dr. Dawson in the cause of higher education. We know that medical practitioners must find it very inconvenient to leave their homes even for a short time: but at the same time we do think it is to be regretted that, directly after graduation, personal association with their Alma Mater should cease at once. Occasional visits to the University by graduates resident elsewhere are always appreciated by the College authorities, and are not without advantage to the visitors themselves. It gives them an opportunity of seeing for themselves what progress is being made in the various departments, and of learning what our hopes and prospects are for the future. It affords one more occasion for the meeting of old college friends long separated and serves to maintain that family feeling which should be held toward a College by all who have had the privilege of its instruction. The day has been conveniently fixed so that any who

attend will also be able to assist at the Annual Convocation the following day.

McGILL MEDICAL SOCIETY.

We are glad to learn that the meetings of this Society have been kept up with great regularity during the past session, and with unabated interest on the part of the members. At the stated meeting held on the 28th ult., in accordance with notice given, a debate was held upon the subject of Listerism as applied to wounds. Messrs. Mignault and Henderson were the champions of the new method, whilst Messrs. B. E. McKenzie and Stevenson contended against the necessity for the minutiæ of Listerism. Of course the *pros* were at no loss for copious illustration of the direful effects of those troublesome but invisible germs, drawn both from the abundant recent literature of the subject, and also (better still) from actual hospital cases coming under their observation. They could also point to the success which has followed the introduction of the system here as elsewhere. Their opponents, however, took well-selected ground—admitted the benefits of antisepticism in surgery, but contended that this could be secured without the complications of the spray and carbolized gauze. The results attained by Savory, Spence, Gamgee and Callender were invoked to support their view. Moreover, cases actually seen of wounds treated strictly *à la* Lister, which had become putrid, were recalled, to show that this system is no more infallible than any other.

In country parts, and without skilled assistance, it will often be utterly impossible to treat wounds by the Listerian plan, and it is therefore quite important to recognize the resources of our art apart from this single method. Altogether a very interesting debate was held, bringing out all the salient points in this which is *the* question in surgery at the present day. The vote at the conclusion was given in favor of the negative. We congratulate the society upon a successful term, and trust it will continue to receive the support of every zealous student of the University.

POISONING BY CARBOLIC ACID.—A case recently occurring in this city serves once more to emphasize to all nurses of the

sick that too much care cannot be exercised in the administration of medicines. To add to the distressing circumstances on this occasion, it was the wife herself who gave the fatal dose to her husband. The physician of the family had left with them a small quantity of pure carbolic acid, with directions concerning its proper dilution for a lotion to dress the wounds which were under treatment. On this bottle was simply—carbolic acid. On the day of the accident the doctor also sent to the house a draught for use at bedtime. This was properly labelled. But, through not taking the precaution to examine the bottle from which the supposed draught was poured, the whole of the strong acid was given, and the unfortunate man died a few hours afterwards. The coroner's jury made some reflections upon the medical attendant which are hardly deserved. In their opinion, a poison-label should have been attached to the vial containing the corrosive fluid. But, in the first place, it is not customary for druggists and physicians dispensing their own drugs, to make it a rule to so label such bottles; and in the next place, the law of the country undertakes to define what drugs shall be considered of so dangerous a nature as to need this extra precaution. Although we quite admit that it is a wise and prudent thing to guard fluids of the nature of carbolic acid and such like from accidental misuse, by carefully labelling the vials "poison"; still, as long as this is not imperative either by universal custom or by law, we do not think any one should be publicly blamed for the omission. The only moral to be drawn from this case is, that the schedule of poisons should be revised and extended. We think many drugs and strong patent medicines might with great propriety be added thereto; and we are glad to be able to state that the Council of the Pharmaceutical Association have this important matter under their consideration.

Obituary.

Chas. F. A. Locke, M.D., C.M.

Many will have heard with deep regret of the death of this gentleman on the 24th, at the early age of 30. He appears to have been attacked with uræmic convulsions, and died after a

few days illness; the kidney disease having been latent, and causing no definite symptoms until the sudden and fatal seizure. He was a strong powerfully-built man, of unusual vigor, and when last seen by the writer in September, looked a picture of physical health.

He was born in Barrie in 1850, and entered upon the study of medicine in 1867, at Toronto, proceeding in the following year to McGill College, where he graduated with honors in 1871. Shortly after, he went to Hamilton and entered into partnership with the late Dr. Hamilton, succeeding to the practice on the death of that gentleman. His skill and attention gained the confidence of the public to an unusual degree, and he was in the enjoyment of a large and increasing practice. He was a member of the staff of the General Hospital, and Vice-President of the Hamilton Medical & Surgical Society. In the struggle of professional life as at present carried on, something more than ability is necessary to ensure success; there must be tact, amiability and judgment, and these had been alloted in an unusual degree to Dr. Locke. From his parents he had received some of the finest qualities of our nature—inherent honesty, warm-heartedness, and good temper—qualities which go for so much in this life, and are amongst those inbred characteristics which individualize the man and make him loveable to his friends. Sprung from an Irish family, he had in his youth the impetuosity and dash of his race, and among his fellow students was a universal favorite. The class of '71 have lost the member who, above all others, contributed to make the hours of relaxation joyous; and many, when they hear of his untimely death, will recall the happy days spent at the old Cote Street School, rendered happier by the friendship of their departed classmate. The lapse of years tempered and subdued the light-hearted student, who could scarcely be recognized in the sober, thoughtful man. His naturally strong character was refined with age, and at the time of his death, in the full vigor of manhood, he presented a bright example of the Christian physician. Of a generous, warm-hearted disposition, with a keen sense of professional honor, he had acquired the friendship of many, the respect of all,

of his colleagues. One of them writes: "I have lost in Dr. Locke a professional brother whom I highly esteemed, I may say whom I loved, and whose upright, honest, straightforward, conscientious conduct had gained him hosts of friends. His success was daily increasing His death is an overwhelming loss to his family and immediate relations, but we know that to die was gain to him, for he was deeply religious, and he leaves behind him a life that we may all well follow ;—such a character we seldom meet in one so young." To his patients he had endeared himself by a course of uniform kindness and consideration, no less than by his medical skill. He leaves a widow and two young children, to whom we extend our deepest sympathy in this their great trial.

JAMES BOVELL, M.D.

We regret to hear of the death of Dr. James Bovell in the Island of Nevis, W.I., on the 16th of January. For more than twenty years he occupied a prominent position in the profession in Toronto, and his removal to the West Indies some eight years ago was felt to be a serious loss. He was educated at Guy's, Glasgow and Dublin, and during his residence in Toronto held the position of Lecturer on the Institutes of Medicine—first in the old Trinity College School, and latterly in the Toronto School of Medicine. He was a physician of more than ordinary culture, and enjoyed for many years an extensive consulting practice. Eight years ago he took orders in the Church of England, and retired from active professional work. He was the author of numerous medical papers and of several works, chiefly theological.

Medical Items.

APPOINTMENT.—Drs. A. E. Malloch and E. G. Kittson have been appointed Visiting Physicians to the City Hospital, Hamilton, Ont., and Dr. Roseburgh has been appointed on the consulting staff

—We have received the first numbers of the *College and Clinical Record*, a monthly medical journal, conducted especially

in the interests of the graduates and students of Jefferson Medical College. Edited by Richard J. Dunglison, M.D., and Frank Woodbury, M.D. It contains a quantity of good practical material, and will doubtless be much appreciated.

THE VACCINATION CONFERENCE.—The result of the conference which has recently taken place on the subject of Dr. Cameron's Bill for legalising vaccination from the calf, is a decision that it would not only be permissible, but even advisable for the Government to attempt the solution of the important question, to introduce that form of vaccination.

A WOLF IN SHEEP'S CLOTHING.—The proprietor of the "Shepherd's Fold," an establishment for the reception of young children in New York, has been convicted and sentenced for most inhumanly starving the unfortunate waifs committed to his charge. The case came to light owing to the condition of a child admitted to one of the hospitals, and which was at once concluded to be due to insufficiency of food. As the *Record* says, "To educate and improve children, the temporal wants must first be supplied. Innutrition is the direct antagonist of morality, and Satan can develop a world of wickedness out of a constant diet of bean-porridge."

—Dr. J. Lockhart Clarke, distinguished for his studies on the central nervous system, died in London, Jan. 25th, in his 64th year. He was a most able scientist, but not specially successful in gaining practice.

NIGHT MEDICAL SERVICE.—There is some idea of establishing a night medical service in New York, similar to that now in successful operation in Paris and Berlin. An interesting account of the former by Dr. Nachtel appears in the *N. Y. Med. Record.*

SUCCESSFUL NEPHROTOMY.—The left kidney of a child aged seven was successfully extirpated at the Samaritan Hospital, on January 3rd, by Mr. Knowsley Thornton (*British Med. Jour.*). The child is now quite well and at a convalescent home at Brighton. The case was admitted under the care of

Dr. Day, and Mr. Thornton diagnosed cystic kidney, and advised exploratory antiseptic tapping. Some pints of urine were drawn off. The cyst refilled in course of a few weeks, and was removed by antiseptic abdominal section.

—Prof. Rudinger, of Munich, made eight longitudinal sections of the frozen human body, and had them copied by competent artists. These sections are so connected together that they can be opened or closed just like the leaves of a book —the fourteen surfaces when exposed exhibiting, in their natural form and color, all the anatomical details of the various organs. "A most interesting spectacle it was," says the writer, "to have the body in the erect posture before you, and opening or shutting any of these sections. A more complete demonstrative object for clinical instruction cannot be conceived."

—At a hearing before the legislative committee at Boston, Mass., Feb. 17, the names of nine legally chartered medical colleges were read whose diplomas are not recognized by the Massachusetts Medical Society, because of proof positive that these colleges sell their diplomas without any evidence of study or fitness for medical practice, one of them (the Philadelphia University of Medicine and Surgery) maintaining an agency in Europe for the express purpose of selling diplomas. The hearing was one of the most crowded of the session. Doctors of all sorts, long haired wretches whose looks would hang them, clairvoyants, healers of all shades were on hand to oppose the law to restrict their business. They looked like a collection of snakes and owls protesting against being disturbed. Physicians and decent people generally favor the proposed law to restrict medical practice to persons educated to the profession, no matter whether graduates of medical colleges or not.—*Cincinnati Lancet and Clinic.*

—Dr. Edes, in the *Boston Medical aud Surgical Journal,* writes as follows, regarding druggists' advertisements in medical journals: "Our magazines with their dense, hypertrophied, parti-colored capsules of advertisements, often extending like

an interstitial inflammation within the somewhat scanty and anæmic medical parenchyma, represent a pathological state of professional nutrition."

MIXTURE FOR ACUTE GONORRHŒA.—Dr. Jacques Reverdin, of Geneva, prescribes the following mixture at the outset of acute blenorrhagia. It modifies, very advantageously, the nature of the urine, and is well tolerated by the patient:—℞. Pulv. sacchari albi, ℥iij; sodii bicarbonatis, ℥v; acidi benzoici, ℥iss; essentiæ limonis, q.s. A teaspoonful to be taken six times a day, in a tumbler of water. To be continued until, the discharge being altered in character, injections and balsams are prescribed.

—Sir William Jenner, who has resigned his professorship in University College Hospital, London, went one day into the pathological laboratory, and remarked how few students were present. "Its Derby Day," said his house physician. "Derby Day, sir!" said Jenner, with unconcealed surprise, "When I was a student, I knew as little when it was Derby Day as when it was Trinity Sunday."

—No fact is more evident than that the highest order of physicians and surgeons are not men remarkable for their knowledge of microscopy, of experimental physiology and the other branches of theoretical medical science; and conversely, that the microscopists and pure physiologists are not remarkable as physicians, and indeed can not be. The attempt to pervert the proper purpose of medical schools, and to give a merely science aspect to medical teaching, is a fashion of the time, which, if it gain more adherents, is likely to do serious mischief to the cause of medical education; for young men, allured by the glitter of scientific work, will neglect the important and really more difficult attainments of true professional studies.—*Dr. Bartholow.*

CANADA

MEDICAL & SURGICAL JOURNAL

APRIL, 1880.

Original Communications.

VALEDICTORY ADDRESS

TO THE

GRADUATES IN MEDICINE OF McGILL COLLEGE ON THEIR RECEIVING THE DEGREE OF DOCTOR OF MEDICINE AND MASTER OF SURGERY, CONFERRED BY CONVOCATION, 3RD APRIL, 1880.

BY WILLIAM WRIGHT, M.D., L.R.C.S. Ed., Professor of Materia Medica.

GENTLEMEN GRADUATES,—At length you have reached the noble heights of medicine. As you climbed the steep ascent, many a rough crag and deep ravine, many a sharp ledge and winding way has had to be mastered, but indomitable perseverance has overcome every obstacle and brought you to the summit.

I congratulate you that during your examinations you have shown such brilliancy as to win the approbation of those who can best appreciate your merits. I congratulate you that your professors deem you qualified to practice the Divine art of the physician, and in token thereof they extend to you the right hand of fellowship and welcome you as brothers. I congratulate you that you have been invested with the degree of M.D., C.M., the highest in medicine which this or any other University can confer—the harbinger to the career of skilful and accomplished practitioners. And I congratulate you, lastly, though not least, that you are graduates of McGill College, an institution of world-wide celebrity, where the standard of professional excellence has ever been kept aloft on highest pinnacle.

The well-earned renown of the Medical Faculty has come down as a goodly heritage from the distinguished men who were earliest on her staff. Chief in rank among them was HOLMES, whose name shines forth in the gold medal, which is our highest prize. He was one of the four founders of the first school of medicine in this city, a school which was afterwards grafted into this University. To his untiring energy its maintenance was mainly due. Another prominent member was HALL. He was the argus-eyed guardian who jealously watched the best interests of the Faculty, and the champion who prevailed in her hard hand-to-hand battles. Year after year, through the *British-American Medical & Physical Journal*, which he so ably edited, he advocated her superior claims; and through this medium he also benefited the profession generally. A third one was MCCULLOCH. To him is primarily due the establishment of the University Lying-in Hospital of this city. He saw the great benefit it would be to students in attendance. It was placed under his personal charge; and the fact of his relation to it was enough to secure its popularity, for few practitioners ever secured as large a share as he did of public confidence. One more was CRAWFORD. He was the first clinical teacher, and he brought to bear upon his work a large experience which he had reaped during many years of service in the army medical department. He was a hard worker in the wards to the last, often reporting his own cases. He is referred to in books on therapeutics as the originator of the use of iodine in erysipelas, rheumatism and small-pox. The little while left fails me to speak of Sewell, Bruneau, MacDonnell, Fraser and Long, by whom also I was taught. Nor can I speak of Caldwell, Robertson, Stephenson and others whom I knew not. Nor even of Sutherland and those who were, or are, my colleagues. To all in their several degrees the Medical Faculty is deeply indebted for the eminent services they so efficiently rendered. Only two of my teachers are left—the popular Professor of Anatomy and the worthy Dean; the last of whom, after a few years more, will have completed his 50th year of devotion to this University. Royalty has not yet seen fit to confer a baronetcy or knighthood upon any one in this Dominion

who has confined himself to the practice of the healing art. The favor would well begin with him. It would be a matter of rejoicing to the whole profession. It would be a happy prelude to the golden bridal. And it would gracefully become him who for almost half a century has chivalrously wrestled with hydra-headed disease, and during times unnumbered has stood between the living and the dead.

The lofty reputation of the Medical Faculty of this College is due not to its professors alone, but to its graduates as well, to those who have borne away their teachings, and, with their deep science, have drank in the spirit of inquiry they caught from them, and profited by the example of diligence set before them. Of her graduates she says as the Roman matron said of her children, "these are my jewels." From them she derives a perpetual lustre. In them she is as it were localized throughout the broad expanse of the wide world. Each one is a centre whence the ability that came from *Alma Mater* is diffused everywhere for the common good. Scattered through all parts of the globe, some are filling important posts in the civil service of distant colonies, numbers are upon the medical staff of the British army, while all are sent forth to be wise physicians, of whom it is said,

> "A wise physician, skill'd our wounds to heal,
> Is more than armies to the public weal."

The superior merits of McGill graduates are generally admitted. When a Princess has needed a surgeon to recover her from injuries sustained, for whom did she send? When our Province has been in want of a wise, impartial ruler, who was selected as its Lieutenant-Governor? When competitive examinations are held for public appointments, to whom have the highest marks been awarded? When the sick in country parts have the choice of an attendant, whom have they preferred? When a chair in this Faculty has become vacant, who usually has become the next occupant? In every case the reply is the same. It is a medical graduate of McGill University.

Graduates are right in seeking to be more recognized than they have been. The attempt to secure one of their number as

a Governor should be encouraged. For my part, I should rejoice to see not one but three graduates on the board, one of each Faculty, Medicine, Law, and Arts. Let me also suggest that graduates may shew their interest practically, by helping or rewarding the *Alumni* who follow them, as by founding a scholarship for the student who passes the best matriculation examination, or by contributing a gold medal to the one who proves himself best in clinical attainments. The graduate's scholarship, the graduate's medal, as the name might be, would be a graceful tribute shewing that you enjoy your possessions most when others are partakers of them.

Why have I held up before you those who have preceded you ? It is to urge you to be their worthy associates. Aim through life to deserve success. Be not disappointed if you do not win the name of the Father of Medicine as Hippocrates, or the Prince of Physicians as Rhazes, nor if you have not built for you a costly fane as Esculapius, nor if you do not make a brilliant discovery, nor receive the homage of a nation,—such outcomes are altogether exceptional. Be content with the success which is within the reach of all. Be satisfied with doing what you can to prove you are worthy associates of the distinguished teachers and graduates of whom you have heard. Admitted to be one with them, your constant endeavor should be to emulate the fame which they have achieved in their career.

> "Lives of great men all remind us
> We can make our lives sublime,
> And departing, leave behind us
> Footprints on the sands of time."

To deserve success you must never lose sight of the duty you owe to yourselves to be well read. The knowledge you have acquired that will serve in the relief or cure of the sick, must be carefully treasured. "Knowledge is power." The more you have of it the larger will be the capital you can expend on behalf of your patients. Do not live in the past. Keep abreast with the march of professional intellect. Medicine has been progressive hitherto, and there is every reason to believe she will continue to be so. She is not a venerable fossil consolidated in the

stillness of the dreamy past. You should always be able to do the best for your patients, warranted by the state of science at the time. The man who stops reading or learning anything more will soon be left behind the age,—he will fall into a slip-shod routine style of practice, never seeing his way to a clear diagnosis and ringing interminable changes on a few irrepressible remedies. As time rolls by such a one grows more and more jejune, more and more impotent, and may at length sink to the level of that old prince of asses who, when asked if he believed in phrenology, replied, "I never keep it," (he meant in his surgery,) "and I never use it, but I think it is highly probable that if given frequently and in liberal doses it may be useful in irregular gout." Remember too that the medical practitioner must always have his knowledge available. Called upon in emergencies where to do either nothing or the wrong thing is to lose life, he must draw upon the resources he has,—he cannot run home or to a friend's to find out what is needed,—the blood will not staunch its wasteful flow from the wound, nor the poison cease its destructive work till he returns.

Medicine is not yet perfect. It may be your lot to enlarge her boundaries. Beyond you is a wilderness, which in some part you may succeed in reclaiming. Go forth resolved not to be entirely dependent upon others, but to cull for yourselves. Go forth to contribute something to the previous stock of information. Keep short notes of the cases seen,—compare one with another,—tabulate the same kind together, and draw such inferences as the data warrant. To win the laurels of originality it is necessary to be diligent in experimental inquiries, to institute deep researches, to make right applications, and to use superior observations. It is through such channels that the additions to our science are to be discovered. It is in these ways that within the past few years so many valuable remedies have been found out, as pilocarpine, chrysophanic acid, salicylic acid, amyl nitrite, chloral and its compounds. In these ways have been obtained so many recent aids to the detection of obscure forms of disease,—aids such as the thermometer, sphygmograph, laryngoscope, ophthalmoscope, electric current, and ether spray. And in these

ways have been contributed to modern surgery, among other measures, the bloodless mode of amputation, the antiseptic treatment of wounds, and the extension of subcutaneous sections.

In your relation to society, you will have opportunities of spreading broadcast the suggestions of preventitive medicine and hygiene. Though to tell others how to keep well may seem like taking the bread out of your own mouths, yet, as men of the nobler sort, you are not to gild your houses by fostering error or by preying upon ignorance, but you are to rise upon the wings of disinterestedness far above all thought of personal loss. To point out all the benefits you would in this way convey might seem Utopian: let it suffice to say that you may communicate such intelligence as, if acted upon, may be the means of leading to a greatly reduced nomenclature of disease. It may be, for example, the source of abating the innumerable evils of intemperance which either predisposes to, or excites, or renders worse, a very large number of maladies. Your teachings, furthermore, may be the means of preventing the spread of typhoid fever, of weakening pestilence of its virulence, of lessening the spread of epidemics, and of increasing the salubrity of your locality. Furthermore, by the right use of your medico-legal acquirements, you may be the honored instrument of aiding in the suppression of vice, in securing the punishment of crime, and in the preservation of virtue.

Remember to have always a proper regard for your patients. Dr. Johnson, "the great leviathan of English literature," as he has been called, describes the practice of medicine to be "a melancholy attendance upon misery, a mean submission to peevishness, and a constant interruption of pleasure." It is pleasant to know that this does not agree with what others have usually found it to be. To be interrupted is what you desire, and for being so you will commonly receive your reward. Your visits to the sick should be most pleasant,— what can be more so when they will be attended with relief of the raging thirst, sleep to the wakeful brain, ease to pain, power to the palsied, strength to the weak, the reinstatement of reason upon her throne, and like offices which humanity cries out for in its hour of sore dis-

tress. Your visits, too, will often leave behind some of the most delightful memories, and afford associations that you will love to dwell upon. Be not golden-eyed, and only esteem your patients for what they will pay. Be not leaden-hearted, not having a spark of feeling or sympathy for them. Be not silver-tongued, deceiving them with great promises and fair speeches. Be not brazen-faced, lustrous with self-assertion, and glowing with self-complacency. Be not mercurial-like, treating everything you can with levity, and acting as if life were but an eternal guffaw.

During your intercourse with your fellow-practitioners let nothing occur to mar the features of true charity which "doth not behave itself unseemly." Were small rivalries and petty jealousies unknown, general success would escape its strongest assailants. Never have recourse to any unworthy manœuvre to secure practice; never suffer any low motive to influence your conduct. Do your best to deserve success by following in the lines that I have feebly drawn, and patiently await the result. Duty is yours: results are the Great Physician's.

The rejoicings of yesterday's banquet remind me that yours is the privilege to help on this University. It would gladden the heart of that illustrious man, who has been her Principal for 25 years, to find you having her in grateful remembrance. Do something to promote her welfare. Induce the young men who intend to study medicine to first take a course in arts; send others to fill the seats you have left empty; and use your influence in forwarding any measures that may increase her usefulness.

While you render unto Cæsar the things which are Cæsar's—*i.e.*, while you are scrupulous in the discharge of your duty to yourselves, the profession, society, patients, *confrères* and college, —also render unto God the things that are God's. Forget Him not should you cease to be little in your own eyes. Fail not in your duty to Him when earthly mists rise up to blot out the heavenly constellations. Your end should be to glorify Him and enjoy Him for ever.

Farewell! brothers, farewell! Be found among the sick and dying, be there with eagle eye and lion's heart and lady's hand. Reflect the ability of a McGill graduate. Diffuse the blessings

of relief and of health as you have opportunity. May you continue in well-doing till the crimson of the sunset sky ushers in the evening which is to end your work. And when "the day breaks and the shadows flee away," may you be welcomed to the noblest of all heights and receive the best of all congratulations. Farewell!

QUININE AS AN ANTIPYRETIC.

By JAMES BELL, M.D., House Surgeon Montreal General Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

MR. PRESIDENT AND GENTLEMEN,—For over 200 years since the discovery of its specific properties in ague, attempts have been made from time to time by many eminent men to utilize cinchona in febrile and inflammatory affections, but it was reserved for Binz and his pupils, as therapeutists, and Vogt, Wadesmuth and Liebermeister, as practical physicians, to bring quinine forward as an antipyretic agent and to lay down the rules for its use as such. Like many other novelties in treatment, it was soon generally adopted by the profession, and within the last few years it has come to be regarded almost as a specific antipyretic agent, when used in large enough doses; and its use as such has been extended from typhoid fever and other zymotic diseases to inflammatory and septic fevers and surgical diseases attended with fever heat. In a word, the opinion seems to prevail among the profession that quinine will always reduce febrile temperatures produced by almost any cause, and that, as it never does any harm, it always exerts a beneficial effect upon the disease. Now Wagner defines *fever* to be "that general condition in which the heat of the body is increased by some internal cause," and he says that "the essential sources of animal heat are exclusively chemical processes based upon the oxidation of nitrogenous and especially of non-nitrogenons substances." All authorities agree that in febrile conditions there is increased tissue waste, and it is just here that a difficulty arises which effectually prevents us from arriving at any satisfactory conclusions as to the usefulness of antipyretic measures in febrile diseases; for while it can be demonstrated that there is always increased tissue metamorphosis

in febrile conditions, we have no means of knowing which is cause and which is effect, or whether both are not due to some common underlying cause. Moreover, since we cannot settle this question, we cannot deduce any theoretical arguments in favor of quinine or any other drug as an antipyretic, because every *reason why* a pyretic temperature should be reduced by any given drug implies a theory as to the production of that pyretic temperature. For example: Binz, Liebermeister, and their followers assume that the multiplication of microscopic cells in the blood is one cause of fever heat, and that "quinine checks the formation and the amœboid movements of white blood corpuscles," (Binz,) and probably of all similar organisms. Whence the reasonable inference, that if this cause of fever-heat be removed the temperature must be reduced by just so much, but unfortunately, while the latter effect may be demonstrated, the former cannot, and the theory, though an ingenious one, appears to have sprung from the practice rather than to have originated it. Moreover, to accept this explanation one must not only be a believer in the germ theory of disease, but also go further and hold opinions as to the way in which the germs conduct themselves in disease. Now I think that, as practical physicians, we ought to be guided by the results of careful observation rather than by such vague speculation. I will therefore leave the theoretical part of the subject as barren in results and contributing no evidence for or against quinine as an antipyretic. Before passing to the practical side of the question it may not be amiss, however, to give a few quotations on body temperatures from the latest authorities on this subject. Most observers agree that the temperature in health varies according to age, sex, time of day, muscular exercise, activity of physiological processes, &c., &c., and that in febrile diseases these variations are much greater than in health. According to Wagner the lowest temperature occurs in healthy adults in the middle of the night—about one to two o'clock A.M.—and the highest temperature in the afternoon hours. A variation of 1° C. is compatible with perfect health. The temperature is slightly higher in infancy and in old age, and in children the temperature is more easily affected than in adult life. Hence

in diseases a high temperature has much less significance in children than in adults. The regulation of temperature seems to be chiefly under the control of some part of the nervous system, and the natural means by which body heat is reduced are radiation and evaporation. Experiments with quinine on healthy children, 10 and 13 years of age, made by Dr. Ringer and Mr. Gill in 1868, showed that it never reduced the temperature except in very large doses, and in no case more than .4° F. (2-5). I have already quoted from Wagner to show that variations amounting to four or five times as much occur in health independent of any drugs or treatment. Quinine in sufficient doses to reduce the temperature even this much, produced noises in the ears, buzzing, ringing, headache, dimness of vision, and sickness of stomach. Experiments on healthy dogs with quinine shows that in large doses it causes vomiting and diarrhœa of a most obstinate character. Even Binz himself admits that "neither the fever of relapsing fever nor of certain forms of erysipelas is much affected by quinine." "Probably this arises not from the extraordinary severity of the fever but from the nature of the pyretic agent." "Even in those cases of fever which are amenable to its effects, its effect *is only appreciable* when it is given in large doses at that time of the day when the temperature is lowest and when given in an easily digestible form." Leibermeister, in his article on typhoid fever in "Ziemssen's Cyclopædia," says that "the true danger consists in the deleterious influence of a high temperature on the tissues, by means of which necrobiosis is brought about, manifesting itself anatomically as parenchymatous degeneration, paralysis of the heart occurring first, next of the brain, and then the other organs." He gives no reason for attributing these results to prolonged high temperature. He says also that continued high temperature is much more dangerous than intermittent high temperatures. For this reason he recommends quinine to produce intermission in the fever. He has great faith in antispyretic measures, including cold bathing, quinine, digitalis and veratrum. When the cold bath cannot be employed he relies upon these drugs, and when quinine fails he says that digitalis will nearly always succeed—a very important

statement, as we have no reason to believe that these two drugs have any common action. I have already stated what I believe to be the opinion of the majority of the profession (in this city at least) on the antipyretic use of quinine. Now, Mr. President, if you will pardon my presumption, I will state my opinion on the subject. That quinine is at best very much overrated as an antipyretic; that it probably has very little, if any, influence on temperature, and in those cases where it appears to have reduced pyretic heat the effect was probably due to some other cause; that instead of being harmless it always produces for many hours great discomfort from its effects upon the nerve centres, viz.: headache, sleeplessness, ringing in the ears, deafness, blindness, and interference with the special senses generally. Cases are recorded also in which blindness, lasting for several days and accompanied by well-marked changes in the retina and probably in the optic nerve behind the orbit, were produced by it. In typhoid fever it often produces, or at least precipitates delirium, and causes disorders of the digestive functions—vomiting, diarrhœa and tympanites, which are very bad complications and often the immediate causes of death. I cannot better express my views on this subject than by the following quotation from the last edition of the "National Dispensatory of the United States," by Stille and Maisch. After quoting from Binz they say:—"This author reproaches those physicians who treat typhoid fever expectantly and wait and watch who will hold out longest, the patient or the fever. *Perhaps it may be better so to wait than to make use of means which tend to aggravate the patient's danger as well as to increase his discomfort, and which neither lessen the duration of the disease nor its rate of mortality—and quinine does neither.*" This is the latest verdict on the subject by the two leading therapeutists in the United States, and is expressed in such a way as to prevent any misconception of their views. Now, Mr. President, I am well aware that it is one thing to make statements and another thing to prove them, and you will easily perceive the difficulty of furnishing evidence to substantiate my assertions. In fact, no evidence would be worth anything except an analysis of a large number of cases of each

disease fully reported in detail, not only with reference to quinine but taking into consideration every circumstance of the case. This, of course, I have not had the opportunity of doing, and if I had it would be out of place in a paper of this kind. All the general results, however, go to strengthen my position. In typhoid fever, for example, the death rate has been higher in the hospital during the last five years, since the introduction of quinine, than ever before. An analysis of the report of cases which have occurred during the last three years does not show that the severity of the fever was lessened or its duration shortened by quinine. My own opinion is, that instead of giving comfort it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have been enabled to compare the temperature charts of a number of cases which had been treated with quinine with a number treated in very much the same way but without quinine, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent and in the stage of stasis of the fever the fluctuations are limited to a morning remission of 1° to 2° F. as a rule, and quinine given in these stages has no apparent effect. In the latter stages of typhoid fever great fluctations occur independently of quinine or anything else, and if quinine is given they are apt to be attributed to it. I had prepared a number of charts to show that the fluctuations were, on the whole, not greater when quinine was given than when it was not, but, on second thought, it is so obviously unfair to give a temperature chart alone without any account of the case, that I have given up the intention of producing them. The average mortality of typhoid cases in the hospital for the last ten years was 10·45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16·32 per cent., and, contrary to the experience of the great authority, Leibermeister, the deaths were not due to prolonged high temperature causing parenchymatous degeneration, but chiefly to the accidents and complications which so often occur in the course of the disease. For example: During the past year (1879) there were 12 deaths from typhoid fever in the

hospital. Two of these were from perforation, three from hemorrhage. In two cases death seemed to occur from the severity of the poison overcoming the vital powers at the outset—death occurring within the first ten days from rapid prostration and collapse without fever. (*Post-mortem* examination in these cases demonstrated the intestinal lesion.) One died from a peculiar form of inflammation of the vagina, bladder and pelvis of the kidneys occurring during convalescence. Four only died of gradual asthenia, and in one of these cases the bad symptoms began after a large dose (ʒss) of quinine. These were low delirium, prostration, obstinate vomiting, diarrhœa and tympanites. These cases are the only ones in which death clearly occurred from the severity of the fever uncomplicated, and the quinine treatment was carefully and discreetly tried in all of them and under the most favorable circumstances. It is said by some that in large doses it exerts a beneficial effect upon the disease without necessarily reducing the fever. The best answer to this statement is the mortality table. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. In pneumonia, for instance, if the disease runs a normal typical course, there is a sudden depression between the fifth and tenth days. Quinine given during this time shows not the slightest effect upon the temperature chart and produces the usual disagreeable symptoms. In erysipelas and relapsing fever its ablest advocates acknowledge that it has no effect (*vide* Binz). In surgical fevers, traumatic fever, &c., there is always local exciting cause, removal of which removes the fever. The performance of major operations antiseptically has taught us that if they be kept free from putridity there will be no fever. Everyone knows that pent up pus will cause a febrile temperature, and if the tension be relieved and the pus removed the temperature falls at once. In either of these conditions, if the cause be not removed, no amount of quinine will reduce the temperature. In the febrile conditions which occur after operations about the bladder and urethra, and I think are mainly nervous in origin, the variations are so great and so sudden that it is difficult to draw any inference as to the use of drugs, but I may say that I have

never seen quinine produce any effect upon the temperature in these cases. In septic febrile conditions one would expect, theoretically, some benefit from quinine in moderate doses, but I doubt if large doses daily or less frequently will be found to do any real good in any way, much less to produce any immediate reduction of the temperature. In children also the temperature is very variable, and little reliance can be placed on recorded observations of the effects of quinine upon the diseases of childhood. Finally, if we admit for the sake of argument, that quinine has some power to reduce febrile temperature, we may fairly ask the question—Is this of any benefit? The gradual rise of temperature immediately preceding death, and accompanied by other grave symptoms, seems to show that fever after all is only an external manifestation, or an effect and not a cause, and therefore in itself not serious and not demanding special treatment.

Reviews and Notices of Books.

A System of Medicine.—Edited by J. Russell Reynolds, M.D., F.R.S., F.R.C.P., Lond., Fellow of University College, London, Professor of the Principles and Practice of Medicine in University College Hospital, Examiner in Medicine to the University of London. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D., Fellow of the College of Physicians of Philadelphia, formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia, &c., &c. In three volumes. Vol. I.: General Diseases and Diseases of the Nervous System. Philadelphia: Henry C. Lea.

It will be observed with pleasure by the medical profession generally that an American edition is now given us of this great English classical work on Practice of Medicine. No doubt, to produce a grand standard work which shall cover the whole of this enormous field, it is necessary that there shall be a number

of collaborators. The cyclopædic form, with separate articles written by recognized authorities in special branches, will always prove more satisfactory for this purpose than a similar work entirely the product of one mind. That this is true is shown by the great success which has been achieved by the German Cyclopædia edited by Von Ziemssen. Reynolds' work, which, in the English edition, has been several years in passing through the press, but which has now approached completion, is thus regarded as *the* one to which we must look for an exposition of the ideas and teachings of the best English medical minds of the present day. The original edition, complete in five volumes, has been so arranged by the American editor that the entire treatise, without abbreviation, is presented to us in only three, and we are bound to say that this has not been done at the expense of the type, nor by making the volumes at all unwieldy; on the contrary, the pages present a handsome appearance, with double columns and very clear lettering. The additions to the author's text are not very numerous, but will be found to supply what was wanting to bring it abreast with all recent discoveries and to furnish certain points about some diseases which present features in this country different from the same seen in Great Britain.

These remarks, of course, apply to the work as a whole. We have received Vols. I. and II., and may briefly indicate the contents.

Vol. I. is divided into two parts. Part I. treats of general diseases or affections of the whole system—influenza, whooping-cough, diphtheria, the exanthemata, parotitis, glanders, hydrophobia, the continued fevers, cholera, malarial fevers, rickets, gout, rheumatism and allied affections, and several others which we have not mentioned. And amongst the authors who contribute these articles are the following well-known names:—Parkes, Squire, Gee, Aitken, Ringer, Gamgee, Begbie, Radcliffe, Reynolds, MacLean, Hutchinson, Buzzard, Fox, Garod, and several others.

Part II. contains the diseases of the nervous system under classes, of which the following are some of the headings:—Insanity, hypochondriasis, catalepsy, hysteria, sunstroke, chorea,

epilepsy, convulsions, wasting palsy, spinal meningitis, tubercular meningitis and chronic hydrocephalus, cerebritis, softening, tumors, hemorrhage, ulcers, diseases of the spinal cord, neuritis, neuroma, neuralgia, &c., &c. And amongst the writers are found the following, who are known to all from their special knowledge of nervous disorders:—Maudsley, Gull, Anstie, Reynolds, Ramskill, Radcliffe, Hughlings Jackson, Roberts, Bastian, Sutton, and others.

We should not conclude without saying, moreover, that the illustrations (none of which are found in the original) are very acceptable; they are well executed, seem never superfluous, and often aid one in rapid comprehension of the text. This edition of a work which is one of the very best in the English language constitutes an important addition to medical literature, and is every way worthy of the great publishing house from which it issues.

Vol. II. will be noticed in our next number.

Pharmacographia: A history of the principal drugs of vegetable origin met with in Great Britain and British India.—By F. A. Fluckiger, Phil. Dr., Professor in the University of Strasburg, and Daniel Hanbury, F.R.S., Fellow of the Linnæan and Chemical Societies of London. Second edition. London: MacMillan & Co.

One would be likely to surmise from the unusual title affixed to this book that it was not constructed on the same plan as most of them which deal with the subjects of pharmacology and materia medica. It is, in fact, as its etymology implies, a writing about drugs, but as it is confined to a single department of this wide field, we are enabled to get in one volume of reasonable size an epitome of the history, &c., of an immense number of drugs of vegetable origin. The plan followed is mainly this. After the synonyms of a drug come the botanical origin —the history—the description, with microscopic structure if necessary—the chemical composition—the production and commerce—and finally a few words only upon the uses to which it is applied. It is a most remarkable book, containing a vast amount of matter which is

to be found nowhere else, consisting of entirely original observations and researches made by the authors themselves. To one investigating the history of the discovery and development of any special drug, the value of the "Pharmacographia" is greatly increased by the numerous references which are given to substantiate the statements made in the text. It must be in the hands of every teacher of pharmacy and materia medica: students of these branches will find it assist them greatly, and all medical men who feel interested in knowing as much as possible about the drugs they use will learn all that is to be learnt, from a perusal of this carefully written and scientific treatise.

Outlines of the Practice of Medicine, with special reference to the prognosis and treatment of disease. With appropriate formulæ and illustrations. By SAMUEL FENWICK, M.D., Lecturer on the Principles and Practice of Medicine at the London Hospital, &c. Philadelphia: Lindsay & Blakiston.

The aim and object of this little work is in every way commendable. It would be a great mistake to suppose that it is simply a short or very condensed (and therefore very imperfect) text-book of medicine. It is nothing of the kind. Dr. Fenwick tells us that at the termination of his course of lectures at the London Hospital Medical College he was in the habit of devoting some time to a short outline of the medical treatment of the various diseases which had been described in the previous lectures. These put together form the present volume. A great number of the common and, therefore important, diseases are shortly described, with special reference to the valuable information to be obtained from the rational symptoms, apart from the physical signs which latter have of late years tended to usurp the lion's share of attention. The best forms of treatment are then carefully considered,—this latter part is specially good, and often contains a kind of knowledge which in the larger books is apt to be taken for granted. A valuable addition is a selection of formulæ at the end of the book. These are taken from the best sources, and are systematically arranged for reference. To senior students and junior practitioners this contribution of Dr.

Fenwick's will be found, we know, exceedingly useful, and we cordially recommend it to their attention.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O., &c., &c. Parts V. and VI. New York: E. B. Treat.

We have received two more parts of this admirable work. Having already had occasion to speak in the highest terms of the excellence of these plates, we need only say that the present numbers are in every respect equal to those which have preceded them. In the two before us the following diseases are photographically represented: Eczema infantile, E. papulorum, E. ichorsum and pustulosum, E. squamosum, E. barbæ, E. manum, E. e venis varicosis, Ulcus varicosum, and Psoriasis annulata.

Sore Throat, its Nature, Varities, and Treatment; including the connection between Affections of the Throat and other Diseases.—By PROSSER JAMES, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat and Chest, late Physician to the North London Consumption Hospital, &c. Fourth edition. Illustrated with hand-coloured plates. Philadelphia: Lindsay & Blakiston.

In this compact little volume will be found a very complete and concise exposition of the various diseases of the throat—fauces, tonsils, uvula and pharynx—as well as some of the more important of the œsophagus, larynx and trachea. The value of a satisfactory acquaintance with these derangements to the general practitioner is very great, and he can be confident of finding here a safe and experienced guide. The chapters treating of the association of diseases of these structures, with morbid conditions of other neighbouring parts, especially the ear, are also very appropriate, and will prove useful. The work undertaken is well performed, and has resulted in the production of just the kind of book required by the student and the practitioner. A well arranged index renders reference easy to any desired section.

Several new chapters have been added to this edition, notably that recent one upon stammering of the vocal cords.

On Loss of Weight, Blood-spitting, and Lung Diseases.—By HORACE DOBELL, M.D., &c., &c., Consulting Physician to the Royal Hospital for Diseases of the Chest, late Senior Physician to the Hospital, &c., &c. Second edition. Revised, enlarged and annotated. London: J. & A. Churchill.

The favorable reception accorded to this work, the first edition of which was issued only two years ago, has necessitated the appearance of a second. Several additions and corrections have been made throughout the text, and one complete and very interesting chapter added which is entirely new. The latter is entitled "The functions and disorders of the liver in relation to loss of weight, blood-spitting, and lung diseases and their management, in accordance with the results of modern discovery." On the occasion of the original publication we expressed a high opinion of the value of the work presented to the profession, and need not here repeat what was then said; but, if any of our readers have not seen this book, we strongly recommend them to procure it.

Materia Medica and Therapeutics (Vegetable Kingdom).—By CHAS. D. F. PHILLIPS, M.D., F.R.C.S.E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U.S. Pharmacopœia by HY. G. PIFFARD, A.M., M.D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital. New York: Wm. Wood & Co.

Some months have passed since the above was received, but owing to an oversight it was not at the time reviewed in this *Journal*. It is one of the series of Wood's Library, and forms a useful companion to its predecessors. "It aims," the author says, "at bringing together, in a moderate compass, a more extensive series of facts respecting the action of drugs, and especially a more enlarged view of what has been done in other countries, than will be found in ordinary text-books." After looking

over the book, we feel that the writer has very fairly succeeded in accomplishing the object, as above stated, which he had set before him. Moreover, there are to be found many practical remarks which are evidently the result of original observations upon medicinal agents. It is to be recommended as giving a reliable account of the matters whereof it treats.

Headaches: their Nature, Cause, and Treatment.—By W. H. Day, M.D., M.R.C.P., Physician to the Samaritan Hospital, London, Eng. Third edition, with illustrations. Philadelphia: Lindsay & Blakiston.

This is a most useful and practical work; and that the efforts of Dr. Day have been generally appreciated by the profession is shown by the call for a third edition. Dr. Day gives, amongst others, excellent accounts of the nature and treatment of the various forms of so-called nervous headache, and also the headaches of childhood, which are often so perplexing to the young practitioner. The practical value of the therapeutical suggestions will more than repay a careful perusal of this treatise.

—The *Index Medicus* continues to appear monthly, and gives its subscribers a full classified record of the current medical literature of the world. It is such a valuable work that it deserves the support of the entire profession. We draw attention to it once more, in the hope that those not already subscribers may be induced to add their names to the list.

Books and Pamphlets Received.

A Practical Treatise on Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences, Treatment. By Geo. M. Beard, A.M., M.D. New York: Wm. Wood & Co.

The Fallacies of Popular Clinical Medicine. By Jarvis S. Wight, M.D. New York: G. P. Putnam's Sons.

Pharmacology and Therapeutics, or Medicine Past and Present. By T. L. Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co.

The Essentials of Anatomy. By William Darling, M.D., F.R.C.S., and Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons.

Skin Diseases, a Manual for Students and Practitioners. By Malcolm Morris, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, &c. With illustrations. Philadelphia: Henry C. Lea.

A Manual of Auscultation and Percussion. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, &c. Second edition; revised. Philadelphia: Henry C. Lea.

A History of Syphilis. Second edition. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin. London: Harrison & Sons.

Our Homes. By Henry Hartshorne, A.M, M.D., formerly Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston.

The Microscope and Microscopical Technology—A Text-Book for Physicians and Students. By Heinrich Frey. Translated and edited by Geo. R. Cutter, M.D. Illustrated by 388 engravings on wood. Second edition. New York: Wm. Wood & Co.

REPRINTS.

A Plea for Cold Climates in the Treatment of Pulmonary Consumption. By Talbot Jones, M.D., of St. Paul, Minn.

External Rectotomy as a Substitute for Lumbar Colotomy in the Treatment of Stricture of the Rectum. By Chas. B. Kelsey, M.D.

On the Use of Water in the Treatment of Diseases of the Skin. By L. B. Bulkley, A.M., M.D., New York.

On the Nomenclature and Classification of Diseases of the Skin, with remarks upon that recently adopted by the American Dermatological Association. By L. D. Bulkley, A.M., M.D., New York.

Reflections upon the History and Progress of the Surgical Treatment of Wounds and Inflammation—A Report on the Progress of Surgery. By Edward Borck, M.D., St. Louis.

Notes on the Anatomical Relations of Uterine Structures, with Surgical Remarks and Therapeutical Suggestions. By T. H. Buckler, M.D., Baltimore, Md.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting was held Feb. 20, 1880—the President, Dr. R. P. Howard, in the chair.

Dr. James Bell read a paper on "Quinine as an antipyretic." (This paper will be found amongst the original communications.)

Dr. Kennedy remarked that he was surprised at the conclusion Dr. Bell had arrived at in regard to the antipyretic action of large doses of quinine, as he understood that in such doses it was looked upon as a specific in the treatment of typhoid fever in the Montreal General Hospital. It was the fashion at present to prescribe these large doses in typhoid, and he was somewhat afraid to express a contrary opinion, as it might be considered a heresy to doubt their efficacy, though he had not much faith in the great value which some placed upon such doses. Since last fall eight cases of typhoid fever had been under his care, three of which were of a very severe type, with temperatures ranging 105° and over. All these cases were treated by quinine in a grain or a grain and a half every four hours, together with nitro-muriatic acid, and occasionally digitalis,—other remedies being given as required. All recovered without any complications having occurred during the progress of the disease. He was of the opinion that these large doses had a tendency to produce paralysis of the nervous centres, and in this manner its action in lowering temperature might be accounted for ; certainly in cases of ague, paralysis of the auditory nerve followed the use of large doses of quinine. In two cases of typhoid which he had seen lately for a *confrère* large doses were administered ; both had died in a collapsed condition, apparently induced by the powerful depressing action of the remedy. In other cases of high temperature he had observed this to become lowered as suddenly where quinine was not given as where it was, and was led to believe that often the apparent action of the remedy was merely a coincidence.

Dr. F. W. Campbell was pleased to hear Dr. Bell so thoroughly condemn the use of quinine in large doses, especially in typhoid fever. He had for some time given up administering the remedy in large doses, for he was quite in accord with Dr. Bell in believing that it did not reduce temperature, and that it produced most disagreeable results. There was fashion in medicine, as well as in dress, and the remedy was, he believed, often administered by many because it was fashionable to do so. Typhoid fever ran a specified course, and quinine in large doses, by its bad

effects on the nervous system, was, in his opinion, not calculated to place the body in that condition, best fitted to carry it through a lingering disease. He treated the disease by mineral acids, also by large doses of liquor ammonia acetatis. This latter remedy he found reduce the temperature by its diaphoretic action.

Dr. Fenwick said he followed the rule in treating typhoid laid down by King Chambers in administering large doses of hydrochloric acid. He cited a case which had occurred in his practice where 40 grains of quinine had been given without altering the temperature in the slightest, subsequently, under small doses, it subsided and the patient recovered.

Dr. Ross said that the reader of the paper had made several statements conveying most serious charges against this drug. He did not think that the conclusions arrived at were justly drawn from frequent observation. With reference to the ill effects, delirium, restlessness, and sick stomach, claimed to be almost constantly witnessed after full doses of quinine in fever, he had failed to notice any constancy in such sequences, although that such did occur with some persons sometimes could not be denied. Dr. Bell would appear to endeavor to show that quinine did not possess antipyretic action at all. Now, if we have a well-authenticated fact in therapeutics it is that, in a great many febrile states, quinine will, with positive certainty, reduce the temperature of the body. It is broadly stated that it is commonly used and recommended in the symptomatic fever of local inflammation. He does not agree to this statement; on the contrary, considers that the best writers admit its uselessness in such cases. Dr. Ross himself does not employ it thus. The influence of the drug can hardly ever be better seen than in those septic states, apt occasionally to occur in the puerperal woman, and shown by chills and general febrile disturbance without local manifestations of inflammatory action. A dose or two of quinine here is often invaluable. But if local pelvic inflammation be present, with marked pain and tenderness, it will do no good, but opium and local soothing effect the cure. A previous speaker appeared to be uuder the impression that a routine practice of giving large

doses of quinine in typhoid fever was pursued in the wards of the General Hospital. He would like to correct this idea. In the first place, some of the attending physicians did not adopt this plan at all. For himself, he liked to think that he did not follow any routine, but rather tried to treat each case in accordance with the special features it might present. Quinine was certainly given in a good many of his cases, but by no means in all, and quite a number had but a few doses only at certain times when the degree of fever and other symptoms appeared to him to indicate its employment. He was glad this discussion had come up, but could not allow the statements of the paper to go unchallenged.

Dr. Trenholme said he had more and more discontinued the use of quinine in typhoid fever. During the past year he had not lost any of his cases. His plan of treatment was phosphoric acid and tincture of orange. In diarrhœa small doses of arsenic, and in hemorrhage from the bowels small doses of corrosive sublimate.

Dr. Godfrey favored the use of quinine in large doses when a high temperature (105°) indicated its advisability. He spoke also of the great benefit he had seen it produce in cases of ague. His plan in the latter disease was to give a large dose three times a day, and when the fever began to rise a double dose.

Dr. McConnell stated his experience as unusually successful, never having had it fail him in any case in which he had used it.

The President quite agreed with the observations which had been made by Dr. Ross, and would not reiterate them. He was not prepared to hear the antipyretic properties of quinine denied altogether, as they had been by the reader of the paper. From the tenor of some of the remarks that had been made, several speakers appeared to believe that, in the treatment of typhoid fever in the Hospital, quinine was employed in a routine manner. He was pleased to hear that that was not the case. Many members present could certify that the speaker in his lectures advocated the view that typhoid fever could not be cut short, and that the aim of the physician should be to interfere actively as seldom as possible, and only when some important indication

arose, such as excessive diarrhœa or hemorrhage, or peritonitis, etc. Modern experience had shown that a very high temperature, say 105°, or even a somewhat lower one, if protracted, *was a source of danger in typhoid fever*, calling for the interference of art. Now in such circumstances he had frequently employed twenty and thirty grain doses of quinine with striking benefit in the reduction of the temperature. These doses had also frequently failed. But what agency was uniformly successful in these severe forms of fever? Even when the ice helmet, the wet pack, and ice in the rectum, are conjoined with large doses of quinine, the temperature frequently continues high. The only resource left in such circumstances is the cold bath, and, apart from the risks of employing it in these critical cases, the serious practical objection to its employment is the great frequency with which it needs to be repeated in the twenty-four hours, and the large amount of nursing assistance it demands. That difference of opinion should exist as to the value of quinine in typhoid fever was not remarkable. Respecting the value of what single important remedy in any disease was there uniformity of opinion? While differing from the writer of the paper as to the antipyretic power of quinine, he complimented him for his close study and investigation of the cases under his care as house surgeon of the hospital, and for the individuality of his character as a medical observer.

The following Report was then presented by the Council regarding sanitary matters brought before their notice by Dr. Larocque, City Medical Health Officer.

The Council of the Medico-Chirurgical Society recognize the efforts made by the Board of Health and the Medical Health Officer for the general adoption of the practice of vaccination, but while appreciating their efforts the Council of the Society is of opinion that a general system of *registration of births* is of the first moment in any efforts in the direction indicated, and further that the Local Legislature should be requested to move in this matter.

In the meantime, and until a more general system of vaccination can be effected, a better system of hospital accommo-

dation should be provided, so as to enable the Board to carry out a more thorough plan of isolation and separation.

The Council is strongly of opinion that there should be a Board of Health for the Province entirely beyond the control of municipal bodies, bodies who cannot be supposed to be *quite* familiar with matters relating to public health.

They are further of the opinion that the Medical Health Officer should have the power of supervision over all houses in which small-pox appears, so as to purify or disinfect with or without the consent of the occupants at such time as the Health Officer should deem proper, and during disinfection a proper place be provided for the occupants of such house as requires disinfection.

Also that a more complete record of inspection be kept by an officer deputed for that work only.

The report from the Council was adopted on motion of Dr. Henry Howard, seconded by Dr. Campbell, and the Secretary was requested to forward a copy of the same to the City Council.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Tuberculosis from Milk.—Several medical men of prominence, both here and in England, lately maintained that tuberculosis is often imparted to human subjects by milk from diseased cows, and Prof. Otto Bollinger, of the Munich University, one of the highest authorities in Germany, has sustained their position in a paper recently read in that city. He said repeated experiments show that the milk of tuberculous beasts has a very decided contagious influence and reproduces the disease in various animals, and that its noxious properties cannot be expelled even by boiling. While the tuberculosis of man is not completely identical with that of the cow it is exactly similar; hence there is constant danger to any community where milk is freely used. The professor enjoins upon farmers the necessity of taking the strictest care of their stock, and upon people generally the greatest care as to the quality of milk they use.

Rigid measures should be adopted everywhere to exclude distempered cattle from dairies. This has been done in the associated dairy established recently in Munich, and will have, it is believed, excellent hygienic effect. All cows are there kept under the closest medical supervision, and at the slightest symptom of tuberculosis are immediately removed. It is estimated that nearly ten per cent. of the cows kept in towns are more or less diseased, a proportion which must be much increased in New York, where, in all probability, more unwholesome milk is sold than in any city on the globe. If the tuberculosis theory be true it is singular that one half of our population has not unsound lungs.—*Clinical News.*

Vulvitis Infantalis.—Vulvitis of children generally occurs as a consequence of cold and it is liable to recur. It is generally easily cured, and of its treatment it would be useless to say anything, so well is it given in systematic lectures and text-books. I have seen it as often among the rich as among the poor, and I mention this because in almost every book you are told that dirt and worms are two chief causes of it. Now I do not believe it, because dirt is very common and I have found no reason in my experience for thinking that dirt produces it more frequently than cleanliness. In the same way it is said to be due to worms. Now while I have seen many cases of worms without it, I have never seen a case of vulvitis that I could ascribe to worms. And I believe that this is an illustration of the injurious tendency to repeat what has been said before. *Because one author of repute says a thing everyone repeats it.* Every one of you has been taught that worms cause convulsions in children, but were I lecturing on the subject of convulsions, I should make the same skeptical remarks on this head. I never saw a case of convulsions that I could reasonably trace to worms, and I never saw a case of worms that caused convulsions.—*Prof. J. Matthews Duncan, in Med. Times and Gaz.*

New Treatment of Aneurism.—A new method of intermittent compression of the femoral artery for the cure of aneurism has been published by Prof. Esmarch (*Centralblatt fur*

Chirurgie, No. 5, 1879). In a case of double femoral aneurism the author used a stick, the upper end of which was immovably fixed to the ceiling of the room, or other support, whilst the lower end pressed with equal immobility upon the trunk of the artery on the proximal side of the aneurism below. In the above case a crutch was employed the lower end of which was padded, the patient himself applying it properly so as to effect compression of the artery. Elastic pressure and the tourniquet do not in all cases effect a cure. This new method is intended as a substitute for digital compression in those cases were skilled assistants cannot be had. For this reason the method will prove of especial value to country practitioners, and those employed in dispensary and other charitable work. The patient himself effects compression for one hour three times a day. When pain arises from the pressure he moves the pad just enough to relieve the pain without destroying the circulation through the vessel. In the case of aneurism quoted, pulsation ceased on the right side on the thirty-eighth day of treatment. The aneurism on the left side, having been treated with an elastic bandage for half an hour three times a day for fourteen days without effect, was then submitted to the crutch treatment, and pulsation ceased twenty-six days later. The cure remained permanent on both sides.—*Chicago Med. Journal.*

Calomel in Typhoid Fever.—In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over-eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhœa had commenced owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry furred tongue, loss of appetite and nausea,

bowels constipated and irregular, and the urine loaded with phosphates: and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see, as I have said before, that the symptoms point to bowel complication; and we shall find further on that they increase in intensity, owing to the fact that the administration of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhœa commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation which is communicated to the finger.

Now we have got at the root of the matter, and, in my opinion, to the origin of the fever; first, we have constipation, turbid urine, foul tongue, offensive breath, and very frequently the pain in the back, indicative of an overloaded transverse colon; secondly, we get thirst, nervous depression, great heat, pain in the head, and giddiness; and finally, diarrhœa, in the efforts of nature to relieve herself; also there is a gurgling near the ileo-cecal valve which is detected on pressure.—*E. Marlett Boddy, F.R.C.S., in Medical Press and Circular.*

Methods of Transfusion.—Mr. Schafer, F.R.S., has recently presented a report on this subject to the Obstetrical Society of London. The following are the conclusions arrived

at:—1. That fluids other than human blood should never be used for transfusion in cases of hemorrhage. 2. That transfusion should always, if possible, be effected through a simple flexible tube with glass canulæ. 3. That direct centripetal arterial transfusion should, if possible, be employed. 4. That failing any person willing to submit an artery to yield the blood, but ready to allow of the exposure of a vein, direct venous transfusion be employed. 5. If it is impossible to attempt either arterial or venous direct transfusion, immediate transfusion of either unwhipped or whipped blood collected into a funnel and allowed to flow through an india rubber tube and glass canula into a vein can be tried, although with greater risk of the introduction of clots and of the germs of putrefactive bacteria into the vascular system of the patients.

Cold Clysters.—J. Lapin (*St. Petersburg Medicin. Wochenschr.*, 1879, No. 22) has continued the investigations of Folty, Ruthenberg, Boyer, and Schlykowa, upon the antipyretic action of cold clysters. The experiments were made upon patients suffering from fever, upon those who had no fever, and upon those who were healthy. The temperature was taken in the axilla whilst the patient lay on his back, as well as in the rectum and in the hypogastric region. The clyster of one litre of water at 5° or 10° C. was then administered, and the temperature was again noted after the water had been ejected. From this method of experiment the following results were obtained:—1. The cold clyster is an active agent in lowering the temperature, its results being tolerably persistent. 2. Clysters of 10° C. were in every case well borne by the patients, and sometimes left behind them an agreeable sense of invigoration extending over the whole body, though in other cases they induced unpleasant sensations in the abdomen. In patients suffering from recurrent fever they even produced shivering. 3. The diminution in the temperature which occurs after the administration of cold clysters is greater in feverish patients than in those who are free from fever or who are healthy. 4. Cold clysters not only lower the temperature, but also affect the pulse and respiration to a con-

siderable extent. 5. The most marked diminution is noticed in the rectum and then in the hypogastric region, whilst the least fall is in the temperature of the axilla. 6. Defecation follows the use of cold clysters at variable times in different persons. 7. It is certain that the cold is preferable to the warm clyster in all cases in which an enema is merely required for the purpose of emptying the bowels in non-febrile patients. This is especially the case when it is desirable that these intestines should exercise a tonic action after the evacuation, or that it should be followed by a diminished supply of blood to the pelvic organs. 8. The advantage of the cold clyster over more energetic antipyretic means, such as quinine, alcohol, sodium salycilate, and other tonics, consists, apart from its simple application, in the fact that it fulfils other indications besides that of lowering the temperature. *a.* It removes the stagnation of masses of feces, which are so frequently met with in feverish patients; *b.* It contributes to the removal of gases, and diminishes meteorism; *c.* By these means it causes the diaphragm to move with greater freedom, and enables the organism to remove the sources of its self-poisoning by means of the intestinal gases, a poisoning which must occur, if only to a small extent, at each stoppage in the movement of the feces onwards; *d.* Cold clysters consequently lessen to a certain extent the afflux of blood from the intestine to the neighbouring organs, such as the uterus and urinary bladder. — *Practitioner*, Jan., 1880.

The Treatment of Consumption by "the Salisbury Method of Diet."—Dr. E. Q. Norton, of Cleveland, in the *Virginia Medical Monthly*, October, 1879, having suffered from consumption, gives a report of the methods he adopted to secure relief. It would seem all methods—regular, irregular, and defective, such as the best and worst medical advice, proprietary medicines and specifics, climate and travel—were tried without benefit. At length, when in a deplorable condition, the Salisbury method of diet was tried, and resulted in cure. Quite a number of illustrative cases are given at the close of the article. The "method of cure" is as follows. The

patient must be restricted to a meat-diet. One mouthful of bread or boiled rice to six of meat, and a cup of tea or coffee, without sugar or milk, may be permitted. Not less than an hour before each meal and at bed-time, the patient should drink one half-pint of hot water. This is to wash out the stomach and bowels, and remove the unhealthy ferments that may be in them. It is an excellent appetiser, and does more good than medicines. On retiring, takes a hot-water bath containing a tablespoonful of ammonia, and finishes with brisk rubbing. The meat diet may not be very pleasant at first, but in a few days the patient becomes accustomed to it and rather relishes his new mode of life. It is well to have the supervision of a competent physician to direct the amount of exercise, recreation, etc., and to strengthen weak resolutions in those who have not perseverance to continue the treatment alone.

The Significance of Absent Patellar Tendon Reflex.—Dr. C. H. Hughes, from a clinical inquiry into the significance of absent patellar tendon reflex (*Alienist and Neurologist*, Jan. 1880), concludes that, while absent patellar tendon reflex is often of significance as an associated symptom of present locomotor ataxia, and may even serve, when unassociated, to excite suspicion of its approach, we are not justified in regarding it, when it is the only phenomenon observable, as a certain *sign;* or when it is absent and the other symptoms are present, in excluding a diagnosis of posterior sclerosis. It cannot have the diagnostic significance claimed for it, when it may be observed in indubitably healthy states of the cord, and when the reverse condition of exaggerated excitability may undoubtedly be found in cases of unquestionable posterior spinal sclerosis.

Duboisia.—The position which duboisia occupies in therapeutics has for some time been fixed by ophthalmologists, but we apprehend it is not so thoroughly in use by general practitioners as that position would not only justify but demand. Certainly in affections of the eye requiring in their treatment the

dilatation of the pupil and paralysis of the muscles of accommodation, duboisia is more efficacious than belladonna or its salt atropia. This fact alone, aside from the fact that it produces none of the disagreeable effects, dryness of the throat, irritation of the conjunctiva, etc., which attend the use of belladonna, demand that it should replace the latter in eye practice. Ophthalmologists are a progressive class of men, as specialists usually are, and the fact that they have unanimously endorsed duboisia is a sufficient reason why the general practitioner who is called upon to treat eye diseases, and who attends from necessity frequently, rather than from choice, should give duboisia the place now occupied by atropia.—*Therapeutic Gazette.*

Formula for Guaiacum.—As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

℞. Tinct. guaiaci (Ph. U.S.A),
Liq. potassæ, āā ♏xv
Glycerinæ, ʒj
Aquam cinnamomi, ad ʒj. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

Cod-Liver Oil and Chloral.—A German exchange states that the following mixture is much used by the Lisbon physicians:—

℞ Olei morrhuæ, - - - 19 | 0
Chlorali hydrati, - - 1 | 0 M.

The oil is said to be more agreeable to take, is soporific in character, and under its use the night sweats diminish and the strength increases.

CANADA

Medical and Surgical Journal.

MONTREAL, APRIL, 1880.

ANNUAL CONVOCATION, McGILL UNIVERSITY.

The annual Convocation of McGill University for conferring degrees in medicine and law was held on Saturday afternoon in William Molson Hall, which was crowded with the students and friends of the University. The hall presented a very neat and tasteful appearance, the decorations which had been in use at the celebration of Friday evening having been allowed to remain. The scene was a brilliant one, the body of the hall being occupied by the graduating students and their friends, while on the platform were the members of convocation in their official robes, together with their invited guests. The chair was occupied by the Hon. Charles Dewey Day, LL.D., D.C.L., President and Chancellor of the University, and on his right were seated His Honor Lieut.-Governor Robitaille and Prof. Daniel Wilson, LL.D., of Toronto University.

The proceedings were opened with prayer by the Rev. Canon Henderson, after which Hon. Chancellor Day read the following address to His Honor Lieut.-Governor Robitaille :—

To His Honor, the Hon. Theodore Robitaille, M.D., Lieutenant-Governor of the Province of Quebec.

In welcoming Your Honor to this University, the Governors, Principal and Fellows desire to express their gratification at securing in their Halls, not only the Representative of Her Most Gracious Majesty in the Province in which this University has its seat, and from whose Government and Legislature it has received so many benefits, but also one of our own Graduates, who has reflected honor on the University by his professional attainments and success in public life, and through whom the University now

has the satisfaction of witnessing the highest office in this Province filled by one of its own sons.

We trust that the administration of Your Honor will be signalized by the highest prosperity of the Province over which you preside, and more especially by the advancement of the great and important interest of Education, which, we cannot doubt, will always receive your earnest and enlightened patronage.

We thank Your Honor for this visit, which we hope may soon be repeated, and would offer our fervent prayers for the personal happiness of Your Honor and Madame Robitaille.

His Honor then read the following reply :—

To the Governors, Principal and Fellows of the University of McGill.

GENTLEMEN,—Allow me to congratulate you upon the sentiment of loyalty towards our Gracious Sovereign, the Queen, and attachment to the institutions of this Province, which are contained in your address.

I am glad to have this opportunity of thus publicly expressing my love and esteem for this great institution, and of acknowledging the pleasing recollections which have accompanied me since I left her maternal roof. University graduates here owe the deepest gratitude to their *Alma Mater*, and should never be forgetful of their profound indebtedness. It is she who has opened to them the doors of active life, and prepared them for taking high rank among their fellow-citizens, while through her they acquire their attainments which fit them for usefulness to mankind. Like a tender and devoted mother, it is she that gives them the mental nourishment they require, that prepares them for fighting the difficulties to be met in their varied professions, and that furnishes them the means of triumphing over all. One cannot be too highly impressed with the importance of University pursuits. In this country, these have given a strong impulse to the study of law, medicine, science and arts. By opening up the fields of knowledge and uniting intellectual powers under one common teaching and labor, they have developed more force, more ardor, more emulation, while the practice which accompanies and completes the instruction assures to society not theorists alone, but capable and enlightened practitioners. It is through doing this that the University of McGill has acquired its well merited reputation. When a young man finds himself isolated and without protection, the name of the institution he hails from is the most powerful recommendation, and often procures for him advantages which he could not have otherwise obtained, especially when that institution enjoys such public confidence as does the University of McGill. A diploma from such an institution is one of the highest honors he can hope to win. In this connection I cannot refrain from rendering homage to the men, as modest as they are learned, who devote their time and their labor to the acquiring and imparting of knowledge. The mission of a professor I have

always regarded as a sacred one, and have ever cherished a sincere regard and gratitude towards those who were my preceptors.

The present century is essentially one of intellectual activity. Never before has the mind of man occupied itself with such varied problems, nor more eagerly grappled with the most profound investigations. Nature is interrogated and made to give up her secrets; the solution of her most mysterious enigmas is contended for; even life itself is asked to reveal the laws which govern its beginning, its progress and its decadence. Under such circumstances it is undeniable that the men who devote their existence to the diffusion of light and knowledge, acquired with great labor, fulfil a truly sacred mission, and deserve to rank among our public benefactors. And here let me utter aloud that name, present to the minds of all this day, the name of Principal Dawson, one who affords us, in his person, so excellent a model of the learned and devoted professor, and under whose direction the University of McGill has so greatly prospered. I thank you, gentlemen, in my own name, and in that of Madame Robitaille, for your kind address, your congratulations, and your cordial reception.

THEODORE ROBITAILLE.

The report of the Medical Faculty for the past session was then read by Dr. G. W. Campbell, Dean of the Faculty, as follows:—

The total number of students enregistered in this Faculty during the past year was 166, of whom there were, from Ontario 75, Quebec 56, Nova Scotia 2, Manitoba 3, New Brunswick 8, P. E. Island 4, Newfoundland 1, West Indies 1, United States 10.

The following gentlemen, 36 in number, have passed their primary examinations on the following subjects:—Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology. Their names and residences are as follows:—W. B. Burland, Montreal; Lorne Campbell, Montreal; Edmund Christie, Lachute, Q.; Wm. Cormac, Guelph, O.; J. H. Carson, Port Hope, O.; Rankin Dawson, B.A., Montreal; A. H. Dunlop, Pembroke, O.; W. T. Duncan, Granby, Q.; J. A. Grant, B.A., Ottawa, O.; Chas. M. Gordon, Ottawa, O.; J. B. Harvie, Ottawa, O.; D. W. Houston, Belleville, O.; B. F. W. Hurdman, Aylmer, Q.; R. H. Klock, Aylmer, Q.; H. Lunam, B.A., Litchford, Q.; A. McDonald, Paisley, O.; T. M. McLean, Perth, O.; Michael McNulty, Iroquois, O.; F. H. Mewburn, Drum-

mondville, O.; Wm. Moore, Owen Sound, O.; H. O'Keefe, Lindsay, O.; H. V. Ogden, B.A., St. Catharines, O.; H. E. Poole, Wakefield, Q.; T. W. Reynolds, Brockville, O.; James Ross, B.A., Dewittville, Q.; W. H. Shaver, Wales, O.; A. D. Struthers, Philipsburg, Q.; Alex. Shaw, Seaforth, Q.; Wm. Stephen, Montreal, Q.; J. C. Shanks, Huntingdon, Q.; W. A. Shufelt, Brome, Q.; H. W. Thornton, B.A., Montreal, Q.; J. E. Trueman, Sackville, N.B.; Philias Vanier, St. Martin, Q.; G. C. Wagner, Dickinson's Landing, O.; Joseph Williams, London, O.

The following have passed in Anatomy:—E. C. Bangs, W. D. Bell, C. O. Brown, A. M. Cattanach, Hugh Gale, T. J. P. O'Brien, W. E. Thompson, A. J. Rutledge.

The following have passed in Chemistry:—E. C. Bangs, J. W. Cameron, C. O. Brown, A. M. Cattanach, Hugh Gale, R. J. B. Howard, T. J. P. O'Brien, A. J. Rutledge.

The following have passed in Materia Medica:—J. W. Cameron, Hugh Gale, Chas. B. Hanvey, C. McCorkill.

The following have passed in the Institute of Medicine:—E. C. Bangs, A. M. Cattanach, Chas. B. Hanvey, T. J. P. O'Brien, W. J. Prendergast, B.A., Tupper Freeman.

The following gentlemen, 30 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this University. These exercises consist in examinations, both written and oral, on the following subjects:—Principles and Practice of Surgery, ory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:—Nehemiah Ayer, B.A., Woodstock, N.B.; F. W. Church, Aylmer, Q.; John Cahalan, Wyandotte, Mich.; D. K. Cowley, Ottawa, Ont.; G. O. Dibblee, St. Stephen, N.B.; J. S. Edwards, London, Ont.; C. DeW. Heard, M.A., Charlottetown, P.E.I.; Andrew Henderson, Montreal, Q.; D. G. Inksetter, Copetown, Ont.; Robert Logan, Iona, Mich.; D. C. McLaren, B.A., Montreal, Q.; B. E. McKenzie, B.A., Aurora, Ont.; Wm. McEachran,

Montreal, Q.; R. C. McDonald, Perth, Ont.; J. A. MacDonald, Panure, P.E.I.; M. McNulty, Iroquois, Ont.; R. J. Maas, Negaunee, Mich.; L. D. Mignault, B.A., Montreal, Q.; T. A. O'Callaghan, B.A., Worcester, Mass.; B. Pinsoneault, Montreal, Q.; A. F. Pringle, Cornwall, Ont.; H. E. Poole, Wakefield, Q.; F. W. Pulford, Winnipeg, Man.; B. L. Riordan, Port Hope, Ont.; A. M. Ruttan, Napanee, Ont.; G. T. Ross, Montreal, Q.; J. O. Stewart, St. Anicet, Q.; H. B. Small, Ottawa, Ont.; J. Smiley, St. Lambert, Q.; Hans Stevenson, Wakefield, Q.

The following have passed in Medical Jurisprudence :—C. M. Gordon, J. J. Hunt, J. C. Shanks, R. McDonald, W. A. Lang, W. L. Gray, W. J. Musgrove, J. H. Carson, H. E. Heyd, P. Cameron, K. McKenzie, E. J. Rogers, J. B. Harvie, G. C. Wagner, A. D. Struthers, A. H. Dunlop, J. W. Ross, F. H. Mewburn, E. C. Field, E. J. Laurin, Wm. Cormack, Ch. N. Beer, H. D. Fraser, T. W. Reynolds, G. E. Josephs, J. W. Higginson.

The following have passed in Botany :—Class I.—C. E. Cameron, J. Gray, equal prize; C. E. Allen, H. A. Hutchins, N. McE. Scott, J. S. Lathern, J. B. Loring, A. Stewart, L. D. Ross, G. E. Cook, F. E. Muckey, J. A. Hopkins.

Class II.—T. W. Grange, J. E. Mehan, G. B. Rowell, L. J. Gardner, *A. J. Chandler, H. J. Clark, Jas. Park, J. C. Bowser, *W. Wardle, J. E. Case, *Alex. Glass, J. M. Skally, H. J. Harrison, J. C. McRae.

Class III.—A. J. Rutledge, A. Elliott, J. J. Maher, G. K. Sherriff, J. R. Johnson, O. Martel, *D. E. Campbell, H. Dearden, C. O. Brown, G. A. Sihler, H. M. Comstock, E. S. Wood, P. N. Kelley, C. Fairbanks.

All those in Class I. have taken over 75 per cent of the marks.

Marked thus * are students of the Veterinary College.

MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal was awarded to J. A. McDonald, Panmure, P.E.I.

The prize for the Final Examination was awarded to H. B. Small, of Ottawa.

The prize for the Primary Examination was awarded to James Ross, B.A., Dewittville, Q.

The Sutherland Gold Medal was awarded to H. W. Thornton, B.A., Montreal.

The following gentlemen, arranged in the order of merit, deserve honorable mention:

In the Final Examination, Messrs. Stevenson, Henderson and Mignault.

In the Primary Examination, Messrs. H. V. Ogden, B.A., R. Dawson, B.A., Moore, Thornton, B.A., and T. W. Reynolds.

PROFESSOR'S PRIZE.

Botany.—First Prize, C. E. Cameron, of Montreal, and J. Grey, Brucefield, Ont., equal.

Practical Anatomy.—Demonstrator's Prize, in the Senior Class, awarded to James Ross, B.A., Dewittville, Q.

The prizes were then presented by His Honor the Lieutenant-Governor to the successful students.

The conferring of the degrees of M.D., C.M., then took place, Dr. Osler administering the oath, and Principal Dawson performing the interesting ceremony of "capping."

Mr. O'Callaghan, on behalf of the undergraduates of all the Faculties, read the following

ADDRESS.

To John William Dawson, M.A., LL.D., F.R.S., F.G.S., Principal and Vice-Chancellor of McGill University.

We, the representatives of the Undergraduates of the Faculties of Medicine, Law, Art, and Applied Science, most cordially tender you our congratulations upon the 25th anniversary of your counection with McGill University as its Principal. The far-famed excellence and well-deserved reputation which McGill now enjoys are amply attested by the fact that students are attracted to its halls, not only from all parts of our wide Dominion, but also from the United States and other portions of the American continent. We feel that your wide reputation as an accomplished scholar, your acknowledged ability as a teacher, and your well-merited popularity as a Principal, have largely contributed to the remarkable success of this University. We cannot but observe that your distinguished position amongst scientists is now well recognized, while your consistent conduct has also won the respect and admiration of those who differ from you.

We sincerely hope that you may long continue to be connected with our *Alma Mater*, and we are sure that all those who have enjoyed the privileges of your ever kind and efficient assistance in their College course, will cherish life-long recollections of your uniform kindness, and will wish you every prosperity and happiness.

On behalf of Undergraduates,

T. A. O'CALLAGHAN, B.A.
JOHN W. CAMERON.
H. J. BULL,
JOHN D. O'DWYER.

Dr. Dawson replied in a few words, thanking the students for their kindly expression of regard, and wishing them success in all their efforts to acquire knowledge and to achieve success in their various professions.

Dr. Wright then addressed the graduates in medicine. (See original communications.)

The Convocation was closed with the benediction pronounced by the Rev. Prof. Lobley.

BANQUET TO GRADUATES OF McGILL.

The following account is given by the Montreal *Daily Witness* of this very successful entertainment:—

Though this social reunion was not intended to be public, but was merely a private entertainment given by the Principal, Dr. Dawson, with the view, as stated in his circular, of renewing old associations, of bringing before the members and friends of the University the results of their labors, of encouraging new efforts, and securing more complete unity and co-operation, there are some features of it in which the members of the University who were not so fortunate as to be present and the public generally may take an interest, and which do not fall within the request made that the proceedings should not be reported.

The invitations were of necessity limited to gentlemen on the lists of the University, and to a few representatives of other institutions of learning. Eight hundred and fifty cards of invitation were issued, besides those to the Graduating Class, about seventy in number. The result was that three hundred and sixty gentlemen sat down to a repast, provided by Mr. Alexander, at

six long tables, filling the whole of the William Molson Hall, with the exception of a gallery reserved for ladies. The Hall had previously been decorated by the graduates and students for the Founder's Festival, and these decorations, with some slight changes, remained, while the tables were liberally adorned with flowers. The guests assembled in the library, and were marshalled to the hall in order of University rank and of date of graduation, and when all were seated, the scene presented was one both novel and imposing. Dr. Dawson having spoken some words of welcome to his guests, and the usual toasts having been duly honored, including that of "The Lieut.-Governor," who responded very cordially, addresses were delivered by representatives of the different bodies and interests connected with the University, and by representatives of sister institutions. The topics were naturally those connected with the past history and present state of the University, and the part which its Governors, Principal and Fellows, its Benefactors and its Graduates, had taken in elevating it to its present condition, and in advancing the interests of Education. Noteworthy features relating to the future were the announcement of the intention of Peter Redpath, Esq., one of the Governors, to erect a costly and capacious museum building on the College grounds, and of the Principal to place therein as a gift to the University his own large geological collections, and the further announcement of the Graduates to commemorate the twenty-fifth year of the Principal's tenure of office by the creation of a University fund or the erection of a University building to bear his name.

The speakers on points more directly related to McGill were the Chancellor, Hon. Judge Day, Mr. P. Redpath, Hon. Judge Dunkin, Dr. Campbell, Prof. Trenholme, Dr. Johnson, Prof. Bovey, Mr. R. A. Ramsay, Dr. Chamberlin, Hon. Dr. Church, and Hon. Mr. Lynch.

Of the graduates present nearly one hundred had come from different parts of Canada and the United States to be present at the entertainment, while hundreds of others, unable to leave their homes, had sent letters breathing a spirit of warm affection for their *alma mater*. Among those present there were many

who have attained to high positions in public and professional life. The Lieutenant-Governor, Dr. Robitaille, is a medical graduate of 1858. The Hon. Mr. Lynch, his Solicitor-General, is a Bachelor of Civil Law and Gold Medallist of 1868. The Hon. Dr. Church, late Treasurer of the Province, and President of the Graduates' Society, is a medical graduate of 1857. A large number of other names might be mentioned of men who in public and professional life, as ministers of religion, members of Parliament, and other public bodies, professors and lecturers in McGill College and other institutes of higher learning, eminent physicians and lawyers, workers in practical science and literature, have already made their mark and taken high positions. In looking around on the assemblage, and mentally noting what the men composing it are and have done, it was impossible not to be impressed with the evidence presented of the value and importance of the higher education; and this independently of what was spoken, was sufficient to give to the gathering a great value and significance.

Besides those more immediately connected with McGill, there were present the Rev. Dr. Cook, the Rev. Dr. MacVicar, the Rev. Dr. Wilkes, the Rev. Canon Henderson, as Principals of four of the six affiliated colleges, on behalf of which Dr. Cook responded. The University of Bishop's College was represented by its Principal, the Rev. Dr. Lobley. Laval University was represented by the Hon. Dr. Chauveau, and the University of Toronto by Dr. Wilson, all of whom spoke in terms of friendly greeting on behalf of these sister universities.

The Visitor of the University sent the expression of his regret that he was unable to be present, and the Honorable the Superintendent of Education also intimated his good will and his regret that he was unable to attend.

Among the older and more eminent graduates who were unable to attend and sent cordial letters of apology, were Dr. Workman, of Toronto, a medical graduate of 1834; the Hon. Alexander Morris, a graduate in arts of 1849, and formerly one of the Governors of the College; the Hon. J. J. C. Abbott, and the Rev. Dr. Douglas.

It was stated that the session of 1882-3 will be the fiftieth year of the existence of McGill University, and it is proposed to celebrate this anniversary, and to prepare in connection with it a sketch of the history of the College, for circulation among its friends and graduates.

The evening was enlivened with college songs admirably sung by a choir of graduates. Two of the songs were original compositions, and, through the kindness of Mr. G. B. Burland, copies printed on elegantly illuminated cards were supplied to all the guests.

HOSPITAL ELECTIONS.

It is understood that there will be an election at the General Hospital to fill a vacancy caused by the expected retirement of one of the members of the attending staff. The immediate consequence of this announcement has been an unusual rush of candidates. It is not our intention to express an opinion upon the merits or claims of any individual aspirant, but would offer for the consideration of the Governors a few remarks upon the manner in which canvassing for these posts has been carried on. The elective power, according to the Constitution, lies in the hands of the governing body. Owing to the constantly growing popularity of the institution, the number of Life Governors has been steadily increasing, until now it amounts to about 230. In the present mode of election each Governor, being the representative of one vote, is supposed to acquaint himself with the merits of the various candidates, and having done so, to lend his voice and support in favor of that one whom he believes to be most deserving. This view has hitherto, with very few exceptions, entirely prevailed, and the consequence has been obtaining for the Hospital a staff of physicians and surgeons of whom we believe the city may well be proud, who work harmoniously together, and have done, and are doing, excellent service. On the present occasion, however, it would appear as though other influences, which really ought never to affect the choice of a physician, have been prominently brought into play. Political influence has in various ways been urgently invoked in order to obtain a vote.

Now surely, if ever this kind of pressure should be abandoned it ought to be in the election of a medical officer to a charity. The qualifications which should weigh with the elective members certainly are, education, scientific attainments, good social standing, character, a good estimation in the eyes of the profession, and a recognized aptness for professional work; and we think every Governor should consider himself bound to enquire about these points before pledging away his vote. It is quite plain that private friendship and ordinary social influences will always turn the scale between candidates who might in other respects be looked upon as equal, but this clearly is an entirely different thing.

Until the present election, as far as we know, it was considered sufficient when any gentleman promised his vote verbally—his word being thought as good as his bond. Now, however, it has been found expedient by at least one canvasser to nail the voters down by causing them to sign a paper in his favor. It is surprising to find how many, before other candidates had any opportunity of presenting their, perhaps much better, claims, were induced thus to commit themselves almost irrevocably. Some examples of the evil of promising so hastily have come to our knowledge. Thus one gentleman of much local influence and whose name alone would command some following, signed such a paper; he hardly understood what it was for, as people often do hurriedly sign such documents. To his disgust, a few days after, he found that another medical man for whom he had already twice voted, and had once nominated, was in the field. He was greatly mortified; his name was erased, but had already done considerable damage to the cause he was in favor of. In conclusion, we hold strongly that, to do what is best for their Hospital, the Governors must make sure of understanding the real position of matters before pledging a vote and must not allow their promises to be surreptitiously filched from them.

Ontario Examinations.—Much dissatisfaction has been expressed by the medical students presenting themselves for the examinations of the Ontario Medical Council at the manner in

which the date for holding these has been unreasonably altered by the Executive Committee. In the curriculum of the College of Physicians and Surgeons of Ontario for 1879-80, the time for examinations is set down for the second Tuesday in April, which was the 13th. But the Executive Committee, notwithstanding this printed announcement, changed the time first to about the end of April, or the last Tuesday, and a second time to the first Tuesday in the month. The Committee would appear to have exceeded their powers in so doing, as this matter is settled by bye-law, which they may not alter.

Poisons.—In view of the proposed revision of the poison schedule by the Council of the Pharmaceutical Association, we would draw their attention to the following well-timed words on the same subject by a correspondent of the *British Medical Journal*:—"The fact that narcotics are largely sold without being labelled 'poison' (usually as patent medicine), I believe to be one of the easily preventable causes of 'the abuse of narcotics.' For a natural result of the sale of narcotics without being labelled 'poison' is that only too often the knowledge that poison is being taken, if it come at all, only comes after the narcotic has ensnared its victim. But the number of infants slowly poisoned by narcotics in the form of soothing and teething powders and soothing syrups, is the most serious 'abuse of narcotics' of any I know of, and I believe comparatively few mothers would be so wickedly foolish as to give such things if they were labelled 'poison.'"

Medical Items.

—The annual examinations of the Pharmaceutical Association of the Province of Quebec will be held at the College of Pharmacy, Lagauchetiere Street, on 28th and 29th inst.

College of Physicians and Surgeons, Province of Quebec.—The Preliminary Examination for admission to the study of Medicine in this Province will be held in Montreal on the 7th of May. The meeting of the Board of Governors, for granting

licenses and other business, will take place in Montreal on the 12th of May.

—*L'Abeille Medicale* finds serious symptoms of *cacoïtus scribendi* (*sic*) in the recently issued Montreal General Hospital Reports. No one can accuse those in charge of the Hospital represented by our contemporary of being affected with a similar malady. Its occurrence in a mild form, however, might lead to the world's participating in part of the enormous experience of the latter Institution. The disease, for aught we know, may be contagious, and we hope our friends of the Hotel Dieu will become inoculated.

UNIVERSITY OF BISHOP'S COLLEGE.—At the late examinations the following gentlemen passed their primary examinations in Materia Medica, Anatomy, Chemistry, Physiology, Practical Chemistry and Practical Anatomy for the degree of C.M., M.D.: Heber Bishop, B.A., Marbleton, Que., Prizeman; Ninian C. Smillie, Montreal, Que.; Walter de Moulpied, Nicolet, Que.; J. F. E. Tetreault, St. Pie, Que.; H. R. Wilson, Montreal, Que.; R. Labrie, Chicopee Falls, U.S. The following passed their final examination for degree of C.M., M.D. in surgery, midwifery, pathology, medicine, medical jurisprudence and hygiene: Henry B. Chandler, Boston, U.S., Gold Medallist; J. Leslie Foley, Montreal, Que., Final Prizeman; L. H. U. Gill, Pierreville, Que.; F. J. E. Tetreault, St. Pie, Que.; Edmund Labrie, Chicopee Falls, U.S.; Philip Dubé, Quebec, Que.

—An epidemic of lice is said to have prevailed recently in several large Parisian schools. The correspondent of the *British Medical Journal* says:—"Among the lower orders in France, and, I believe, in other countries, there exists a popular prejudice in favor of these parasites. Their presence is considered a sign of health, and medical advice is seldom or never resorted to for their removal."

— Dr. Strauss says that a differential diagnosis of central from peripheral paralysis of the face may be made as readily by the use of jaborandi as by the constant current. In using the latter, if the disease be central, the muscles in the paralyzed

locality contract; they fail to respond if the facial nerve be involved. When jaborandi is given, if the affection be central, sweating occurs on *both* sides of the face. If the nerve trunk be diseased, no sweating occurs on the paralyzed side.

AN ORIGINAL FORM OF PRESCRIPTION.—There has been much controversy from time to time as to the propriety of a patient using again a prescription, after the occasion for which the medical attendant gave it and received his fee. Such a question would be hardly likely to arise in the case of a very large form of prescription, of which the *National* gives the following account. According to that journal, a medical man of Chalons being sent for to a case in a neighbouring village, forgot to take his memorandum-book with him. Apparently, elementary education is not enforced in that part of the world; for, when the doctor asked for pen, ink, and paper to write a prescription, nothing of the kind was forthcoming, nor could writing materials of any description whatever be obtained in the neighbourhood. Tired of waiting, the doctor seized a piece of charcoal, and wrote a prescription on the barn-door of the farm where the patient lived. The relations, however, of the sick man naturally found themselves unable to read what had been ordered for his benefit, and thus another difficulty arose. At last, the bright idea struck them of taking the door off the hinges, and sending it bodily to the druggist. This was accordingly done, and the pharmacist in the neighbourhood was considerably astonished by the apparition of a cart stopping at his establishment, laden with a huge door. It was impossible to take this novel form of prescription into the shop; so, realising the situation, he propped it up on the pavement, read the formula, and returned the door with the medicine ordered, of course taking proper precautions that, should the *ordonnance* require repetition, he would not again need to see the original prescription.—*Brit. Med. Journal.*

SICK-ROOM COOKERY—DEMONSTRATION TO STUDENTS.—On Saturday, Feb. 14th, a practical demonstration in sick-room cookery was given, as in former years, in connection with Mr. Chiene's class of systematic surgery, at Minto House, when Miss

Drummond, of the Edinburgh School of Cookery, demonstrated the preparation of beef-tea, bread-crumb pudding, arrowroot, gruel, custard, lemonade, and other articles of diet. The ingredients and their proportions having been dictated, were mixed, cooked, and dished-up before the audience, while each step in the various processes was explained with great clearness. A large number of students were present, and showed much interest in the proceedings. The demonstration was repeated in the afternoon before the members of Dr. Angus Macdonald's, Dr. Wyllie's, and Dr. Croom's classes. It is hoped that a short course to medical students of half a dozen or more such demonstrations may be annually arranged, which may prove a valuable supplement to more strictly professional knowledge.

—The following testimonial of a certain patent medicine speaks for itself: "Dear Sir,—Two months ago my wife could scarcely speak; she has taken two bottles of your 'Life Renewer,' and now she can't speak at all. Please send me two more bottles at 1s. 1½d.; and very cheap it is at the money. I wouldn't be without it for the world."

Dextro-Quinine in Periodical Hemicrania.—I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoscyamus; I found no improvement, but an increase of the head trouble, with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent, but the headache and imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of Dextro-Quinine (K. & M.) three times a day. I am pleased to report that after the second day's use of Dextro-Quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, and the bleeding of the nose has occurred but once since. This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-Quinine obviated the difficulty and cured my patient.—By C. A. Bryce, M.D., in *Southern Clinic*.

CANADA

MEDICAL & SURGICAL JOURNAL

MAY, 1880.

Original Communications.

PNEUMONIA COMPLICATED WITH PAROTITIS.

Fourteen days' illness—Fatal termination.

By E. Graves Kittson, M.D., L.R.C.P., London.

(*Attending Physician of the Hamilton City Hospital and Vice-President of the Hamilton Medical and Surgical Society.*)

Chas. G., æt. 25 years, English, letter-carrier.—Fairly healthy till lately, when, owing to the exposure consequent on his occupation as a letter-carrier, he caught a cold which he neglected. Never had any severe previous illness or injury, except while quite young, when he was kicked in the left breast by a colt. This, however, had left no apparent ill-effects. He is medium height, sallow, not heavily built. On the afternoon of February 21st he was taken sick, and during the following twelve hours he had a severe rigor, accompanied by some cough and pain in the right side below the nipple.

Feb'y 23rd, 9 p.m.—I was called in to see him, and found him as follows: Face of a rather livid hue, except over the malar bones, where there was the flush usual in pneumonia. Perspiring rather freely. Cough frequent, and followed by expectoration of a rusty color. Pain in both sides of chest. On percussion, the chest was hyper-resonant in front, and on auscultation the normal vesicular murmur was lost on account of the loudness and harshness of the bronchial respiration. Heart sounds normal, but cardiac dulness diminished. Pos-

teriorly, both bases dull up to lower angle of scapulæ, and on the left side the fine crepitant râle heard after a cough and a deep inspiration. On the right side nothing but tubular breathing heard over entire lower lobe. Complains somewhat of nausea. Tongue furred. Bowels opened this morning. Urine scanty, high-coloured, and with a copious deposit on cooling of a brick-red colour. P. 93, R. 42, T. 103°.8 in the axilla. To the hand the sense of heat of the chest is most pungent. ℞ Ammon. Carb., grs. v., Ext. Senegæ fld. ♏ v., Ext. Verat. Virid. fld. ♏. iij., Liq. Ammon. Acet. ʒi. aquæ ad ʒss.; every 3 hours. 24th.—Complains that owing to the disagreeable taste of the ℞ ordered last evening, he is unable to take it. I ordered him, however, to continue it for 12 hours longer. He had no sleep last night, but was quite free from delirium. Condition in other respects unaltered. P. 104, R. 36, T. 104°.7 F. 10.30 a.m.—T. 100°.8 F. 9 p.m.—This last temperature was taken by the nurse, and there may have been some mistake in it, as she was not accustomed to taking temperatures. In consequence of his intense dislike for the ℞ which I had been giving him for the past 24 hours, I changed it this evening to the following: ℞ Liq. Ammon. Acet. ʒi., Tinct Opii. Camph. ʒss., fld. Ext. Verat. Virid. ♏ iij., aquæ ʒiv; every three hours. Also, ℞ Tinct Opii. ʒss. at bed-time to produce sleep. The turpentine stupes to be continued to the chest for the pain if required. 25th, 11 a.m.—General condition seems not changed. Tongue browner. Had a good night's rest. Continue ℞. P. 96, R. 44, T. 103°.9 F. 9 p.m.—T. 102°.5 F. At 2 p.m. was called to see him, as he had been vomiting freely and had an attack of Epistaxis. He seemed easier, but weak. 26th, 11 a.m.—P. 88, R. 41, T. 103°.6 F. The dull note over left base posteriorly seems less, and the crepitant râles are of a coarser character. 9 p.m.—T. 102°.1 F. ℞ Hydrat Chloral ℈i. at bed-time in place of Tr. Opii. 27th, 9 a.m.—P. 93, R. 48, T. 103°.8 F. Passed a very poor night, delirious most of the time, and seems weaker to-day, which in part at all events is due to sleeplessness. ℞ Tinct. Opii. ʒss. Syrup Limonis ʒi.

aquæ ʒiv. ; at bed-time. 28th, 11 a.m.—P. 106, R. 46, T. 103° 5 F. ℞ Tinct. Aconiti (Flem.) ♏ iij. fld. Ext. Verat. Virid. ♏ iiiss. fld. Ext. Seuegæ ♏ v. Vin Ipecac ♏ x. Liq. Ammon. Acet. ʒi. aquæ Camph. ʒiv. ; every 3 hours.

March 1st, 11 a.m.—P. 70, R. 28, T. 103°.1 F. Has apparently been improving in strength during last few days, and for last 48 hours has had ʒiv. of brandy every 3 hours, and, since beginning of illness, all of the beef tea and milk he can possibly take. Appears to be in very good spirits. Has slept well every night, owing to Tinct Opii ʒss at bed-time. Has also had some oysters several times. 10 p.m.—This evening, on paying him the usual visit, my attention was drawn to a swelling in the region of the left parotid gland, which, on examination, was found to be a hard, irregular swelling, involving that gland and extending about 2 inches in width and 2½ inches in length. He was unable to open the mouth wide enough to protrude the tongue. The tumour is tender on pressure, but not painful. Teeth and lips are coated with sordes. The little of the tongue which could be seen was dry, brown and cracked. The physical condition of the left lung has very much improved, but the right still remains in the same condition, with large coarse, soft râles on both inspiration and expiration. The expectoration for a couple of days past has been of a viscid, tenacious, semi-purulent character, and in large quantity. There is reduplication of the 2nd sound at the apex. Has not had any chill in last 24 hours. The bowels remain costive, and the urine scanty, thick and high-coloured. P. 93, R. 30, T. 102°.6 F. Hot hops and flannels to the parotid gland. 2nd, 11 a.m.—P. 96, R. 31, T. 103°.7 F. Parotid swelling increasing and painful. Expectoration difficult, except after taking some brandy. Repeat Calomel, grs. v. ℞ Cinchonid. Sulph. ℈i ; at bed-time. 11 p.m.—P. 108, R. 36, T. 103°.7 F. Has been sleeping quietly for two hours since taking Cinchonidia. Is evidently lower and weaker than at any previous visit. Is quite conscious, but does not see any one. ℞ Brandy ʒiv. ; every ½ hour. 3rd, 11.30 a.m.—P. 132, R. 46, T. 104°.5 F. A consultation was held this day. The

patient seeming worse, and from the nature of the complication, my prognosis was decidedly unfavourable. The friends thereupon transferred the case to the consultee, who did not look upon it as at all so serious. I was therefore deprived of the opportunity of watching to the close a case in which I had taken much interest. My worst fears were realized, however, for the patient died on the 7th inst., four days after my last visit.

In these four days, of which I have no record of my own, I am informed that the patient the following day (March 4th) vomited and passed by the bowels a large quantity of purulent-looking substance which was very offensive; that the highest range of temperature was 104° Fah.; that the tumour never got any smaller or softer; that the cough remained as when I left; that he was unable to expectorate; that he was delirious every night; and that a rash of a very peculiar character, resembling typhoid rash, but general over entire body, and only partly disappearing on pressure, was observed on the day he died. There was no autopsy.

Remarks.—Of this complication in pneumonia, viz., parotitis, *Juergensen* (Zeimssen's Cyclopædia, vol. v., pp. 122-3,) says:—"I have never seen this complication; in the reports of the Vienna Hospital it is only mentioned six times out of 5,738 cases, a little more than one per thousand. The Basle reports do not mention it at all, nor does Hess. Grisolle speaks of it as a fortunately rare event; the patients most apt to be attacked are said to be those beyond sixty years of age. According to Grisolle, the parotid gland on only one side is usually attacked, but then in its whole extent. The inflammation progresses rapidly, and terminates generally in suppuration, or even in gangrene, for there is usually a diffuse infiltration of pus. For this reason the complication is always a serious one."

Wilson Fox (Reynold's System of Medicine, vol. iii, p. 658,) makes the following remarks concerning this complication:—"Parotitis is a rare complication, but it is one whose appearance seriously increases the gravity of the prognosis. Most of the cases of pneumonia in which it occurs prove fatal. Grisolle

states that its progress is very rapid, and that it tends to pass into suppuration or gangrene. In the former case, the pus may burrow deeply among the muscles of the neck, or may even open into the external ear. The pus is, however, usually infiltrated, so that but little escapes on incision. It appears to be most common in advanced life. The only case in which I have met with it was in a girl, aged fourteen."

There seem to be a few points of interest about this case. The treatment adopted was giving a combination of ammon. carb. with senega, and veratrum viride. Hitherto, in common with several of my confrères in this city, I have almost invariably treated a pneumonia for some days, at the outset, with this combination; and the results have been very satisfactory. It may be objected that the "expectant" treatment would have been equally successful, but I must say that I prefer the above combination. As a rule, it lowers the temperature, lessens the number of respirations, and brings down the number of the cardiac pulsations, while at the same time it increases their strength. In this case, however, my hopes were disappointed in two out of three of these objects; for the temperature remained between 102°.5 and 104° F., and the respirations averaged nearly 39. The pulse was, in the meantime, brought down at one time to 63 (with a respiration of 33), and averaged 93½. The pulse respiration ratio, therefore, 1 to 2.4, which is decidedly too high.

I am unable to assign any cause for the sudden outset of the parotid inflammation, unless it be a part of the general blood poisoning caused by so severe an attack of pneumonia. That the lung in this case was in the condition of purulent infiltration I have no doubt; the large evacuation by the bowels and by vomiting of a purulent-looking substance (though not proved to be pus), was, I think, owing to the fact that the patient was unable to spit out the matter coughed up, owing partly to intense weakness, and partly to the parotid swelling; he, therefore, swallowed it; and some passed per anum, and some by vomiting.

The rash which came on late in the course of the disease I

was unable to find out the character of, whether it had the characters of petechiæ or was a simple rash, resembling sudamina. I incline to the former opinion, because of the impoverished condition of the blood at this late stage of the disease. There were no other evidences, besides the parotitis, of any local inflammation; and I am not of the opinion that it was due to embolism. There were no symptoms of any cardiac trouble at any time, except the slight accentuation of the second sound, which could be explained on other grounds. At least, no such symptoms presented themselves during the period of my attendance. It is a matter of great regret to me that I was not in attendance during the entire illness, as in that case the notes would be very much more satisfactory.

CHRONIC PYÆMIA, FOLLOWING URETHRAL DILATATION.

By T. W. Mills, M.A., M.D.,
Resident Physician, Hamilton City Hospital.

G. D., æt. 52; a blacksmith, stoutly made, was admitted to hospital November 21, 1879, for alcoholism. In a few days he regained his general health; but special attention was directed to a most unusual condition of the genito-urinary organs. The patient admitted that he had been a hard drinker for years, but was very chary as to any confessions of having been the subject of venereal disease. On being closely questioned, he stated that for several years he "had trouble with his water;" but that never till of late had he suffered from positive retention. A year ago almost he had his penis frozen, and the organ had sloughed off near the root—not more than an inch remaining; while the under surface of this stump was puckered and drawn downwards, so that the opening of the urethra actually appeared at the junction of the penis with the scrotum below; the opening was difficult to find, and would admit only a very small catheter. Once the opening was passed, the urethral canal was comparatively natural till the usual site of stricture was reached, when the greatest difficulty was experienced in passing any

sized catheter; and from this point till the bladder was reached a series of strictures very close together were encountered. However, it was determined to attempt dilatation of the passage with a view of overcoming the unpleasantness produced by the urine trickling over the scrotum, instead of issuing in a sufficiently strong stream to clear this stricture. Accordingly from time to time such instruments as could be passed beyond the artificial meatus were passed inward into the bladder. It was noticed that considerable irritation followed these efforts, which seemed to increase till there was unquestionable "urethral fever" after every passage of the instrument. It was customary to retain the catheter *in situ* for such length of time as the patient could tolerate it. This, generally, was not longer than one hour. The result of these measures was some, but by no means very complete, enlargement of the urethral tube at the site of the stricture.

On the 20th of January, 1880, it was necessary to discharge the patient for a serious breach of discipline; but as the case grew more serious after a few days (January 27th), he was re-admitted. He was then feverish, prostrated, and complained of pain and tenderness over the right scapula. He stated that slight tenderness had been felt in this region, though he had not mentioned it, before his dismissal.

The following notes of the case will give an idea of its progress:—

February 10th.—Scapular area red, tender, painful—œdematous. Hot fomentations applied. Kept in bed.

February 11th.—Dr. Malloch, the Visiting Surgeon for the month, under whose care the patient was, cut down, and with the assistance of a director which was moved round somewhat freely, pus was reached, though it was not evacuated without considerable difficulty, from the nature of the stricture and its deep location. Hot fomentations continued.

This abscess discharged for several days a large quantity of pus. Patient has a cough.

February 28th.—An abscess has formed in lower nates and was opened to-day, and a large discharge of pus followed.

March 4th.—Scapular abscess discharges but little ; openings shewed a tendency to heal. Patient very much prostrated ; prognosis is grave ; he has daily sweats and hectic ; cough, with muco-purulent expectoration, continues. Moist râles and dulness at lower base. Appetite poor ; sleeps but little.

Another abscess threatens to form over lower hip ; redness extends as high as crest of ilium. Given instead of the cinchonidiæ sulph., which he has been taking from the first in 6 grain doses every four hours :—℥ viij Tr. Ferri Mur., and Cinch. Sulph. grs. iij ; every four hours. To have 4 oz. whiskey per diem. The diet is abundant and nutritious.

March 9th.—Abscess opened about two inches below the crest of the ilium. The pus spurted up in a large jet to the height of about two feet. Like that from the other abscesses it was very foul, thick, and of most unhealthy appearance. From this date the patient began to improve rapidly.

April 8th.—All the wounds healed ; no cough or expectoration ; appetite and general health good.

Temperature.—Throughout it varied between 103°, which was the *maximum*, and the norme, which was reached on the 21st February. It remained normal after the 13th of March. The fever-heat was, however, very fluctuating.

The pulse was not correspondingly rapid, ranging from 72 to 94 per minute.

Remarks.—In our hospital we have had several instances of rise of temperature and general febrile disturbance lasting for from 24 to 48 hours, after passage of the catheter in cases of stricture ; but Pyæmia, I would venture to think, must be a very rare sequence. In the case now under consideration, there was neither history nor other evidence to give any other clue to the cause of the rapid formation of a series of abscesses in different parts, including perhaps one or more in the lungs. Certain it is that the patient came near losing his life, and it required the most vigorous treatment to keep him from reaching that chamber, where often so sad but so true a tale is told, where diagnoses are confirmed, perchance exposed.

A CASE OF TEMPORARY DIABETES INSIPIDUS—FROM MENTAL CAUSES?

By John Reddy, M.D., L.R.C.S.I., &c.,
Physican to the Montreal General Hospital, &c.

(Read before the Medico-Chirurgical Society of Montreal.)

Benjamin, J., printer, aged 42, fairly nourished, well proportioned and of athletic build, weighing 151 lbs., consulted me on the 16th February, 1880.

He stated that about seven weeks previously he noticed that his appetite was not as good as usual, and that he gradually felt great thirst, which caused him much daily inconvenience by obliging him while working at his trade to have a good supply of cold water always near hand. He noticed, too, that he was constantly forced to empty his bladder. For the first two weeks this occurred chiefly in the day time. He estimated that he drank about three quarts of water, and voided about the same quantity of urine, daily during the above period. At the end of this time he felt his sleep much disturbed by a constant craving for cold water, having to drink a large tumbler full about every half hour. He frequently drank a pailful of water during the night, and passed about the same quantity of urine. On account of his personal inconvenience and loss of rest, he was obliged to desist from his work.

His face is dark and healthy looking, tongue clean, temperature normal. He never had syphilis, and has led a regular life. For several weeks, prior to this attack, he frequently drank several glasses of beer during the day. He frequently suffers from dull pain in his temples and eyeballs, unattended by sickness of stomach. He is not constipated. It is at night that he is most troubled with the pain he complains of in his head. He attributes his present state to mental anxiety, caused by the reverses of fortune. Some months prior to this attack he weighed 176 lbs., but lately found that it had diminished to 151 lbs. His lungs, heart and other organs seem quite normal. His eyesight has not been good for some years past, and his left eye particularly—this, he thinks, has become much aggravated since his

present illness commenced. He has also occasional attacks of despondency. His family history is good.

Examination of Urine; Urine almost colorless, re-action neutral; no smell; specific gravity 1004; no albumen present; nor sugar. (Fehling's test used.)

Microscopical examination showed nothing abnormal.

Treatment.—Ordered Fluid Extract of Ergot, Fluid Extract of Valerian, of each 40 minims. in an ounce of sweetened water, three times daily, about an hour after meals. To abstain as much as possible from drinking cold water.

26*th Feb.*—Called to-day, stating that he felt much better, that he noticed that he was not so much disturbed at night, his thirst was less and he also urinated less. He gave up taking his mixture two days ago, as he thought it sickened him.

I have had three cases of Diabetes Mellitus within the last few years, where the quantity of urine passed amounted to several pints in the twenty-four hours, and found that giving ¼ grain doses of the sulphide of calcium three times a day diminished the urinary flow to about a quart in the twenty-four hours (even for a considerable period while the remedy was used). But here, owing to the cause of the complaint, I thought that phosphorus would be more suitable. I therefore gave him to-day a prescription containing $\frac{1}{10}$ gr, of phosphide of zinc and ¼ gr. of ext. nux. vomic. in pill—one to be taken three times a day.

March 4*th.*—Feels very much better and stronger; has only suffered twice lately from headache, but the pain was not severe. The thirst is very much less, and his sleep has quite improved, as he hardly requires to urinate during the night. He now passes less than two quarts in the twenty-four hours. He feels so much improved that he is thinking of resuming his work; he attributes the benefit which he has received to use of the pills I ordered him, as he began to improve the very day he commenced them.

6*th.*—Called to-day. Still improving; he brought a specimen of his urine taken from what he had passed during the last 24 hours. The specific gravity still the same (1004), and the other characters the same.

30th.—Visited me to-day quite well and able to attend to his duties. His urine has a little more color, but the specific gravity remains at 1004, although the thirst and urinary flow have nearly reached the normal standard. He has not taken the phosphide of zinc and nux. vomica pills for over ten days.

Reviews and Notices of Books.

A System of Medicine. Edited by J. RUSSELL REYNOLDS, M.D., F.R.S., F.R.C.P., Lond., Fellow of University College, London, &c., &c. With numerous additions and illustrations by HENRY HARTSHORNE, A.M., M.D., Fellow of the College of Physicians of Philadelphia, &c. In three volumes. Vol. II.: Diseases of the Respiratory and Circulatory Systems. Philadelphia: Henry C. Lea.

We have already, in connection with Vol. I., noticed the appearance of this magnificent work and alluded to its general plan and arrangement. This, therefore, it is unnecessary to repeat. Vol. II. consists of 925 pages and is divided into two parts—Diseases of the Respiratory System and Diseases of the Circulatory System. The article on affections of the Larynx is written by Dr. Morell McKenzie, and a special section is devoted to Croup by Mr. Squire. The diseases of the Lungs are divided into the usual chapters, which are written by the following well known authors:—Sir William Jenner, Drs. Hyde Salter, Hughes Bennett, Wilson Fox, Bastian, Hewitt, Roberts and Anstie. The second part, upon the disorders of the heart and vessels, is equally full and complete, and is the work of writers whose names are intimately associated with this subject. Each of the structures of the heart is afforded sufficient space for detailed description of its derangements. The division also includes extensive delineations of the diseases of both arteries and veins. To these have been added a chapter on mediastinal tumors, by Douglas Powell; and one on hemophilia—a new one—by Dr. Hartshorne. Amongst the writers are the following:—Drs. Peacock, Gibson, Gardner, Gowers, Bristowe and Reynolds.

The illustrations in this volume are nearly all original, are well executed, and aid very much in following the descriptions of the text.

Space does not permit of more lengthened notice of this comprehensive work. Fortunately, the original edition is so well known that it is only requisite to draw attention to the present publication in such an improved form to cause it to be widely sought after.

The Therapeutics of Gynecology and Obstetrics; comprising the medical, dietetic, and hygienic treatment of diseases of women, as set forth by distinguished contemporary specialists. Edited by WM. B. ATKINSON, A.M., M.D., author of "Hints in Obstetric Procedure," physician to the department of diseases of women, Howard Hospital, &c. Philadelphia: D. G. Brinton.

This is a third volume which has been added to the series of "Modern Therapeutics," the first two of which were edited by the late Dr. Geo. H. Napheys. The latter, one medical, the other surgical, have proved themselves of great benefit to the profession generally. There is no special branch of medicine in which a work of this kind is more called for than in gynecology and obstetrics. It is quite impossible for a physician in active practice to follow the rapid advance in therapeutic methods which has been made in this department of late years. The arrangement here adopted seems admirably suited to the end in view. The various diseases and derangements of the uterus and its appendages, as well as the puerperal diseases, are systematically enumerated—then, in each case, headed by the name of the principal authority, is given each of the various distinctive methods or special plans of treatment. In a great number of instances, references are given to current literature or authors' works, to substantiate the statements made. This is associated with numerous formulæ, such as have been found most useful. At the end of each article is found what is called a résumé of remedies, in which is given alphabetically a complete list of all the drugs recommended for the preceding complaint;

an asterisk being made to indicate those to which the preference should be given. It is impossible to conceive of a better plan for rapidly finding out all the methods of treating any given case than that here made use of. Having carefully looked over several of the chapters on some of the most important subjects, we have no hesitation in saying that they appear to be most complete; and we believe that but very few omissions will be found of anything which is of any real importance with reference to the medicinal treatment and other management of all gynecological and obstetrical cases.

The Student's Guide to Diseases of the Eye.—By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital, with eighty-nine illustrations. 8vo., pp. 368. Philadelphia: Henry C. Lea.

This condensed manual of eye affections will no doubt prove very acceptable. It is written by one who has had an immense field for observation in connection with the eye department of St. Thomas' Hospital, and who bears an excellent reputation as a scientific man in his own special branch. It differs also in arrangement from most books bearing the same or a similar title. It is divided into three parts. Part I. treats of the means of diagnosis, including discussion of the leading symptoms of derangements in the eye, the external examination, and a good practical chapter upon the ophthalmoscope and focal or oblique illumination. Part II. is called the Clinical Division, and treats in detail the affections of the various structures connected with the eyes and their appendages. The chapters in this section, which we have examined, commend themselves for their accuracy and the clearness of the description. Part III. treats of diseases of the eye in relation to general diseases. It is unnecessary to say that this is a subject which every advanced student of medicine must take an interest in. Its importance is fully recognized by the writer, who has here ably brought together all the main well-ascertained facts bearing on the subject.

For general information for students and for the ready refer-

ence of general practitioners, we can cordially recommend this excellent little treatise.

Lectures on the Diseases of the Nervous System; delivered at La Salpetrière. By J. M. CHARCOT, Professor to the Faculty of Medicine of Paris; Physician to La Salpetrière; Member of tne Academy of Medicine and of the Clinical Society of London, &c., &c. Translated from the second edition. By GEORGE SIGERSON, M.D., M. Ch. Licentiate of the King and Queen's College of Physicians; Fellow of the Linnean Society of London, &c. With illustrations. Philadelphia: Henry C. Lea.

The name of Charcot has of late years become a household word in medicine, and is always associated with the greatest and most recent advances in our knowledge of the functions and the disorders of the nervous system. A wonderfully close and most enthusiastic observer of disease, his opportunities have been of immense extent as chief of the clinique at the great hospital of La Salpetrière, which contains, probably, a greater number and a larger variety of nervous complaints than any other hospital in the world. The great teacher possesses, moreover, the invaluable gift of clear, sharp, and forcible description and explanation. The consequence is that we have, in the clinical lectures now before us, an accurate account of a large number of examples of some of the most important neurotic affections, with the lessons drawn therefrom, by a great master of the subject. It is almost needless to say that they are replete with instruction and worthy of careful perusal by every medical man.

Clinical Lectures on the Diseases of Women.—Delivered in St. Bartholomew's Hospital. By J. MATTHEWS DUNCAN, M.D., LL.D., F.R.S.E., &c. Philadelphia: Henry C. Lea.

This is an unpretentious book of small dimensions, but probably of value in inverse proportion to its size. It consists of a series of disconnected clinical lectures on gynecological

cases, most of which have been published in the *Medical Times* and *Gazette* and the *Medical Examiner*. Several of them, we are informed by the author, are reported *verbatim*, having been taken down by a short-hand writer, and all bear plain evidence of having been prepared for a practical class. They are entirely devoid of the literary and historical details of the systematic treatises, and embody, in a concise manner, the writer's teachings on the subjects treated of. These are sufficiently numerous—there are XIX. lectures—and embrace a few of the rarer and more interesting conditions, such as are but seldom met with except by those of extended experience but the majority are the diseases of every-day practice, and therefore all the more important.

These lectures should be read by every one who practises and studies the diseases of women.

A Treatise on the Science and Practice of Midwifery.—By W. S. PLAYFAIR, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh, Professor of Obstetric Medicine in King's College, Consulting Physician to the General Lying-in Hospital, President of the Obstetrical Society of London, &c., &c. Third American edition. Revised and corrected by the author. With notes and additions by Robert P. Harris, M.D. With two plates and one hundred and eighty-three illustrations. Philadelphia: Henry C. Lea.

We observe with pleasure the appearance of this third edition of Dr. Playfair's midwifery. It is a work which is so well known and appreciated as one of the standard authorities on all matters connected with the obstetric act that further commendation would only be superfluous. It is one of the text-books freely recommended by teachers of midwifery both in England and America. It will therefore continue to be received as a reliable instructor and guide. It only requires to be said that the notes and additions made by Dr. Harris have been introduced in order that the reader may have the benefit of any recent suggestions and improvements likely to be serviceable.

They are not numerous, but are found where their absence would be noticeable, and certainly add to the value of the book.

Brain-work and Over-work.—By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science. Philadelphia: Presley Blakiston.

The above is the title of another number of the series of American Health Primers. It treats of a subject well worthy of being introduced to popular notice. In this age of hurry, excitement and constant emulation, it is well that there should be diffused as generally as possible a knowledge of the ill-effects sure to be induced by undue or too-prolonged strain upon the brain and nervous system. The important matters of work, rest, recreation and sleep are discussed, and the natural laws by which they are governed pointed out; and it is shown how, with unerring certainty, violation of these is followed by consequences more or less serious in proportion to the deviation from the dictates of reason and experience.

Books and Pamphlets Received.

The Student's Manual of Venereal Diseases: being the University lectures delivered at Charity Hospital, B.I., during the winter session of 1879–80. By T. R. Sturgis, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York. New York: G. P. Putnam's Sons.

A Practical Hand-book of Medical Chemistry, applied to Clinical research and the detection of poisons. Partly based on "Bowman's Medical Chemistry." By William H. Greene, M.D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania, &c. Philadelphia: Henry C. Lea's Son & Co.

The Principles and Practice of Gynecology. By Thos. Addis Emmet, M.D., Surgeon to the Woman's Hospital of the State of New York, &c. Second edition, thoroughly revised; with one hundred and thirty-three illustrations. Philadelphia: Henry C. Lea.

The Problems of Insanity. A paper read before the N. Y. Medico-Legal Society. By George M. Beard, A.M., M.D.

Muscle-beating, or Active and Passive Home Gymnastics for Healthy and Unhealthy People. By C. Klemm, manager of the Gymnastic Institution in Riga. With illustrations. New York: M. L. Holbrook & Co.

A Text-book of Physiology. By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition. With notes and additions by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co

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Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The ordinary meeting was held March 19th. In the absence of the President and Vice-President, Dr. Hy. Howard was elected to take the chair.

Dr. Osler exhibited:—1st. Tumor of the thyroid. 2nd. Dermoid cyst. 3rd. Two cases adherent pericardium—endocarditis—incompetency of the valves. 4th. Mitral stenosis. 5th. Cancerous ovarian tumor, involving both ovaries.

Dr. Kennedy stated that the patient, from whom this heart and ovarian cyst were removed, *post-mortem*, was about 19 years of age, and had been in service. She was first seen on the 4th of February, suffering from severe cardiac disease, a loud double murmur existing. Owing to extreme dyspnœa and tenderness of the chest, a prolonged examination was inadmissible. The heart labored with extreme violence. The difficulty of breathing was so great that, at this time, was of opinion that she could last but a few hours. There was a history of an acute attack of rheumatism at the age of 14 years, which lasted a very long while. Two weeks prior to her illness, a sister had died of puerperal convulsions, and, on the girl visiting her, she had to tramp for some distance through very deep snow, which was the apparent cause of her last illness. At the time she came under treatment menstruation, which had been slight, had just ceased. For the first few days there was a slight improvement in her condition, a severe substernal pain then manifested itself, and auscultation discovered, besides the valvular murmur, a friction sound synchronous with the heart's action, and,

as the *post-mortem* revealed, due to extra-cardial extension, involving the surface of the adjoining portion of the right lung. This pain was very much relieved by the application of a fly blister. About February 12th, an extensive attack of urticaria set in, and, on examining the abdomen, there was discovered a tumor, rising out of the pelvis in the median line, which, from its shape, exactly resembled the gravid uterus at the fifth month. Pregnancy was suspected, but this the patient denied; and, as there was no reason, owing the patient's state, to make a particular examination as to its true nature, none was made, there being no hope of recovery. The *post-mortem* revealed it to be ovarian, as shown in the specimen. Her condition remained about the same until the 18th, when advantage was taken of a slight improvement in her breathing to have her conveyed into hospital, where she died on the second day after entrance.

Dr. Ross read a paper on a case of Diabetes insipidus in connection with cancer of the liver.

Dr. Hy. Howard read a paper on chronic dementia, in which he took the ground that it was impossible in a case of consecutive chronic dementia to have priapism.

Dr. Osler remarked that he did not see any good physiological grounds for supposing that the individual mentioned in the report was necessarily incapable of having an erection, as this act was, in a measure, independent of the brain, and, as shown by Goltz, could be excited reflexly in animals whose spinal cords were cut in the dorsal regions. The erector centre is believed to be situated in the lumbar cord. Physiologists very generally believe that there is no satisfactory evidence of the connection of the cerebellum with the sexual functions; indeed, the experiments of Eckhard go to show that the central stimuli exciting the act of erection pass not along the cerebellar peduncles, but down the crura cerebri, *i.e.*, they proceed from the cerebrum.

Dr. F. W. Campbell stated that he had under his care, for the past year and a half, a case of dementia, due to softening of the brain, and which had, in its early stage, been seen by Dr. Howard. This patient had for months past been so bad as to

pass his fæces involuntary, and yet during that time he had frequent satisfactory intercourse with his wife—whom, in fact, he had impregnated.

Dr. Hy. Howard, in defending his paper, said:—"In reply to Dr. Osler's remarks, I can very well understand that a man may be paralyzed in the lower extremities from disease or injury of the lumbar portion of the spinal cord, and yet be capable of cohabitation; for a man suffering from general paralysis can have an erection of the penis, and for the simple reason that in neither case does it follow that there *must* be disease of the cerebellum, as there is in consecutive chronic dementia. I say the lower portion of the spinal cord may suffer from disease, and no injury result to the nervi-erigentes, for its connection with the cerebellum is not through the spinal cord, but by means of the splanchnic, or great sympathetic, and its ganglia, at least according to such physiologists as Eulenberg, Guttman, and Lövan—no mean authorities.

I therefore maiutain that, when the cerebellum is diseased, as we find it is in chronic dementia, it being what we might call the *entity* of the nervi-erigentes, the consequence will be impotency, at least in so far that it would be impossible to have an erection of the penis. And this fact is fully borne out by my own experience.

The ordinary meeting was held April 9th, the President in the chair.

Dr. Osler exhibited:—1st. Aneurismal dilatation of the arch of the aorta. The patient had been under Dr. Ross' care, who gave a short account of the clinical facts:—

The patient was a strongly built man, of 38 years, who had had both syphilis and rheumatism. The symptoms from which he had suffered were severe neuralgia of the right side of the neck, the pain shooting up behind the ear and down to the shoulder; a gradually increasing hoarseness of voice; troublesome cough, and occasionally an attack of marked dyspnœa. He was treated in the General Hospital. An ovoid, very strongly pulsating, tumor was found, rising above the right

sterno-clavicular joint. He was seen by several members of the staff. and the unanimous opinion held was that it was situated in the innominate artery. Dr. Ross had shared the same opinion, but thought that, probably, the arch was also somewhat involved. One reason for thinking so was the strong pulsation communicated through the trachea on making upward traction thereon. It was interesting to find that such conditions might occasionally be observed in an aneurism springing wholly from the aorta itself.

The President remarked that the specimen exhibited by Dr. Osler, for Dr. McConnell, with the clinical facts noticed by Dr. Ross while the patient was under his observation, suggest several interesting observations:—1st. This aneurism of the arch presented the physical signs of an innominate, rather than of an aortic aneurism; and it would not have been possible to have avoided mistake, owing to a pouch of the aneurismal sac projecting exactly up in the course and alongside of the innominate artery, and to an absence of distinctive signs of dilatation of the arch itself. 2nd. A surgeon could not have been blamed had he ligated the arteria innoninata or the carotid under the impression that the aneurism was innominate. 3rd. This is an additional instance to the many others which have occurred here within the past few years of the occurrence of thoracic aneurism in persons the subjects of syphilis. It can hardly be alleged that the rheumatic fever which the patient had suffered was the cause of the disease, as in that case it would have to be contended that the rheumatism had skipped over the part it usually attacks, the valves, and had invaded the aortic walls, which it rarely, if ever, does. On the other hand syphilis has a special tendency to induce disease of arterial walls. 4th. The absence of hypertrophy of the left ventricle in this muscular man suggests the idea that the aneurism probably ran a rapid course, and that sufficient time was not afforded for the development of marked hypertrophy. Lastly, the co-existence of evidence of compression of the trachea by the tumor with attacks of dyspnœa, and the support thus afforded Dr. Bristowe's views on that point.

The second specimen was one of congenital deficiency of the

rectum, upon which Dr. Fenwick had operated. An incision was first made where the anus should have been, but the open bowel could not be reached in that way. An incision was then made in the groin, and the bowel opened and the edges stitched. The case, however, proved fatal on the following day.

Dr. Richard MacDonnell exhibited to the Society an occipito-atloid anchylosis.

Dr. Fenwick then read a paper on the removal of a tumor in the vicinity of the thyroid gland, a portion of the right lobe being partly involved.

A vote of thanks to Dr. Fenwick was moved by Dr. F. W. Campbell, seconded by Dr. Hy. Howard.

Dr. Cameron stated to the Society his wish to bring before the consideration of the members, the subject of the communicability of typhoid fever by a portion of the milk supply of Montreal, expressing also the fact that Mr. McEachran would, if agreeable, give a paper on the transmissibilty of tuberculosis from animals to man. It was decided that these subjects should be presented to the next meeting.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Materia Medica of Antiseptic Surgery.—In an interesting lecture published in the *American Practitioner* (March, 1880), Dr. JOHN CHIENE, Surgeon to the Edinburg Royal Infirmary, gives the following description of the armamentarium used by Mr. Lister in his practice of antiseptic surgery.

The best form of carbolic acid to employ is the absolute phenol of Messrs. Bowdler and Bickerdike Church, Lancashire. Its advantages are that it has no objectionable odour, is readily soluble, and does not irritate the operator's skin; while the more crude and impure forms met with are occasionally so disagreeable and harsh that some of the German surgeons anoint their hands with vaseline before beginning work, in order to obviate this inconvenience.

Among the various preparations of carbolic acid we may first take up the solutions. There are two watery solutions—strong and weak. The strong consists of one part of acid crystals in twenty parts of water. It is used for washing and purifying the skin and instruments; for soaking sponges, drainage-tubes, and horse-hair; and for the steam spray. The weak, which is half the strength of the strong—one part of the crystals in forty parts of water—is required for washing the sponges during an operation, for soaking the "deep dressing," and for dressing generally. These lotions should be filtered after making, and had better be kept in large, blue, glass-stoppered jars carefully labeled.

An alcoholic solution of the strength of one part of the acid in five of spirit of wine is employed for cleansing wounds seen a few hours after injury, and specially for those cases in which dirt and foreign matter have obtained access to the tissues.

There are two oily solutions. The weak—one part of crys tals in twenty of olive oil—is used for purifying and lubricating urethral bougies, sounds, and catheters immediately previous to their introduction; the strong—of one part in ten—for applying to exposed dead bone in situations where we cannot at once remove it, but have to leave it for some time *in situ;* for example, in necrosis of the flat bones of the skull-cap. In such cases a piece of lint soaked in the oil is laid on the bare bone, and covered with a piece of gutta-percha tissue.

Antiseptic gauze is prepared by charging unbleached muslin of open texture with the following mixture (New Formula, 1879): crystallized carbolic acid, one part; common resin, four parts; solid paraffin, four parts. This last prevents adhesiveness. Paraffin does not blend at all with carbolic acid in the cold, and therefore simply dilutes the mixture of carbolic acid and resin, without interfering in the least with the tenacity with which the resin holds the acid. The acid is only given off in sufficient quantity when the gauze is moist and at the temperature of the human body.

To charge the gauze, the paraffin and resin are first melted together in a water bath, after which the acid is added, and all

are stirred together. We have now to diffuse this equably through the cotton cloth; and this requires, first, that the cotton be at a higher temperature than the melting-point of the mixture; and secondly, that it be subjected to pressure after receiving it. The gauze is therefore heated in a trough, and as layer after layer is turned over the hot mixture is squirted on by means of a large metal syringe furnished with a series of perforations at the end. Finally, a large heated block is allowed to descend, which accurately fills the trough and subjects its contents to pressure. The quantity of fluid mixture employed should be somewhat less in weight than the amount of gauze.

The prepared gauze is used for the large superficial dressing; in loose pieces for padding and dressing irregular surfaces; for bandages; and also when wet, wrung out of one-to-forty aqueous solution, for the "deep dressing."

Mackintosh consists of thin cotton cloth having a layer of India-rubber waterproofing on one side. This should be evenly applied and continuous, so that the material is quite impervious. There must be no pin-holes in it.

Protective is made of oiled silk, coated on both sides with a thin layer of copal varnish, which renders the silk impervious to the carbolic lotion. Over this again a fine layer of carbolized dextrin is laid, which allows the one-to-forty lotion, into which the protective is dipped immediately before use, to wet, and so thoroughly purify the surface. The protective is neither aseptic nor yet antiseptic; hence the necessity of making it so before application. Its action is thus purely negative. It keeps the edges of the wound clean, moist, and free from the irritating action of the antiseptic employed, which, owing to the copal varnish, cannot penetrate to the wound; allows discharge to escape readily from under it into the dressing; does not adhere, and so is easily removed when necessary.

Carbolized catgut is thus prepared: To twenty parts of carbolic acid crystals add two parts of water, and to this again add one hundred parts of olive oil. Place this mixture in a flask, and in this put several skeins of catgut. These should be kept, by means of a few glass marbles or rods, above the level of the

watery deposit which occurs. Seal the flask hermetically, and set them aside in a cool place. The gut must not be used until five or six months after this, and the longer it has been prepared the better.

Carbolized silk is prepared by immersing a reel of silk in melted beeswax containing about one-tenth part of carbolic acid. The silk is drawn through a dry cloth as it leaves the hot fluid, to remove the superfluous wax.

All these various requisites should be kept by themselves apart from all other dressings—the gauze in a tin box; the silk in a stoppered glass jar; sponges, drainage-tubes, and horse-hair in wide-mouthed jars of one-to-twenty lotion; and the gut in its oil.

The various forms of steam sprays employed are constructed on the principle of Adams's steam inhaler. The boiler should be strong, dome-shaped, and furnished with a safety-valve. It is filled by an aperture situated at the lower level of the dome, so that in filling, this space is left clear for steam alone. It is a disadvantage when the boiler is filled at the very summit; and in hospitals sufficient care is often not exercised, the steam dome is encroached upon, and a jet of boiling water is thus thrown out in place of spray. The steam-pipe, provided with a stop-cock and ball joint, passes forward from the top of the dome and ends in a fine point, through which the steam rushes with great force. United to the under surface of the steam point, at an angle of forty-two degrees, we have the carbolic point continuous with the upper extremity of the India-rubber tube which leads up from the reservoir of one-to-twenty lotion. As the steam rushes out over the carbolic point it creates a vacuum, and the lotion thus sucked up is driven off in a fine cloud of vapour which covers an area large enough for any ordinary operation, and which is quite respirable, not wetting, and effective at a distance of at least four feet.

On arriving at a patient's house we fill the spray with boiling water up to the base of the dome; never above this; and so we avoid the danger, as I have remarked, of having the upper point blocked by particles of dust carried along in the jet of

water, which would ensue were the boiler overfilled. We light the lamp, noting that the wick is in good order and that there is a sufficiency of spirit. We judge that steam is up if it escapes with great force and if it has a distinctly blue colour, when we shut off all carbolic acid, which may readily be done by compressing the carbolic tube with the fingers, and so seeing steam alone. One has also the peculiar rushing sound, the smell and taste of the spray to guide him in ascertaining if all is in working order. A small filter, formed of a piece of sponge, inserted into the lower extremity of the carbolic tube, and secured in position by means of a gauze cap, will prevent the lower point from getting choked with dirt, which, falling into the open jar of acid, may be sucked up, and so cause trouble. Should the spray cease working, we may unscrew the points and affix the reserve pair found in the hollow handle, the wound being meanwhile protected by a "guard" consisting of a rag or piece of gauze soaked in lotion. In this way operative procedure is not hindered, and the defaulting points may be seen to and cleaned out with a horse-hair or fine silver wire at a more fitting time. This is an accident which hardly ever occurs in private practice.

The other antiseptics employed are—

A solution of chloride of zinc (forty grains to the onnce of distilled water), introduced by the late Campbell de Morgan. It is chiefly used to brush over the cut lips of incisions and wonnds in regions which we cannot hope to keep aseptic, as in excision of the upper jaw or lateral lithotomy. We may leave our dressing of strips of lint soaked in this solution *in situ* for forty-eighty hours, so potent is this salt; and in this way, thanks to its searching character and non-volatility, the pain and unrest of dressing is avoided, and a dangerous period, during which blood-poisoning from absorption might take place, is tided over. Considerable smarting and pain ensue after application, and this continues for a varying period, according to the temperament of the patient. The use of chloride of zinc for purifying ulcers will be referred to shortly.

Boracic, or rather boric acid, is used as lotion, lint and ointment. It is non-volatile, very unirritating—in fact the least so

of all antiseptics—but is not at all searching. It may prevent, it can hardly eradicate putrefaction. The lotion of one part of the crystals in thirty parts of water is coloured red with litmus, and thus at a glance we may distinguish it from other lotions. It is used for moistening the boric lint and for washing sores.

The lint is prepared by soaking ordinary surgeon's lint in a boiling saturated solution of boric acid, coloured red with litmus. It is allowed to cool, the lint is hung up to dry, and the remaining fluid poured off and used as boric lotion. The lint is of a pink hue, and glitters with the soft, flat micaceous crystals. In a similar manner we may charge bibulous paper or the paper lint introduced by Messrs. Wyeth, of Philadelphia. We moisten the boric lint with boric lotion before application, and this for the same reason as we also soak the deep dressing of gauze or the protective in carbolic lotion. The surface of the material may be covered with germs of all kinds, because the antiseptic is not acting. We destroy these organisms by our active lotion, and as the aseptic discharge finds its way afterward into the dressing, it dissolves and sets free quite enough of the stored up agent to render itself also antiseptic.

Boric ointment may be prepared by rubbing up one part of finely levigated boric acid in five parts of vaseline. It acts as a sort of antiseptic protective, and is specially useful in the treatment of wounds in the face, where it allows the discharge to escape, keeps the wound sweet, and never adheres.

An emulsion of salicylic acid in one-to-forty carbolic lotion was introduced by Mr. Lister for the purpose of checking the chemical changes which may take place under dressings which have been left unchanged for some time. These changes, due to a chemical action between the gauze and the discharges under it, the sweat, etc., give rise sometimes to a troublesome irritation and eruption, formerly dubbed *eczema carbolicum*. A very little salicylic cream, smeared on the surface of the protective or deep dressing, effectually disposes of this.

A Fœtus in Adipocere.—Of the many brilliant and rare operations that Billroth has performed this winter, one

or two especially deserve more than passing notice. The first was the removal of the fruit of an extra uterine pregnancy, which, as the result showed, had been converted into a perfect adipocere, while still retaining quite distinctly the outline of every part and feature. The woman, a multipara, had, two years before the operation, presented symptoms which induced the physicians in charge to diagnose an extra uterine-pregnancy, a diagnosis confirmed by Prof. Braun, of the obstetric department at this university. Not satisfied with either of these answers, she left Vienna, and was not again heard from until recently, when she presented herself at the surgical clinic and demanded to have the tumor removed, as the sense of weight, pain and disturbances of digestion from which she suffered had made her life a burden; in addition she had had repeated attacks of peritonitis. As she persisted in this demand, despite a most unfavorable prognosis, the operation was finally decided upon, and a confirmation of the previous diagnosis, made two years before, was the result. As is easily imagined, the adhesions of the sac containing the degenerated fœtus to surrounding viscera were very extensive, and quite a number of ligatures had to be applied; the hemorrhage was slight and quickly controlled, and the sac removed in toto. It was composed of dense fibrous tissue, doubtless the result of an inflammation, and upon its inner surface contained an abundance of cholesterin crystals, with a thin coating of the same yellowish, fatty material into which the fœtus had become converted. Of the fœtus itself, the soft parts had all undergone this change, and many of the bones, particularly at their epiphyses, were similarly affected. The woman had no fever, and did very well after the operation. The fœtus, very well preserved, had, to judge from its size, evidently reached maturity before its death and subsequent degeneration; probably had it remained longer in the abdominal cavity it would have become infiltrated with calcareous salts and resulted in the formation of a perfect so-called stone child, or lithopædion. The rarity of such cases of extra uterine-pregnancy in and of themselues, the history of the subsequent operation and the conditions there found attach to

this case quite a peculiar interest. The patient has been doing very well up to date.—*Corr. Cincinnati Lancet and Clinic.*

Nerve-stretching in Tabes Dorsalis.—Dr. Langenbuch, of Berlin, reports a case in which nerve-stretching relieved completely the shooting pains of tabes dorsalis, and at the same time exerted a remarkable influence on the other symptoms of the disease. The patient, a merchant, forty years of age, had suffered several months from the affection, all the characteristic symptoms of which were well marked. The pains were very intense, and were but slightly relieved by sedatives. The left sciatic nerve was operated on first, as the pains were most severe on that side. When the nerve was laid bare, it was found to be somewhat swollen and of a reddish color; it was forcibly stretched, and the wound was then closed with sutures and dressed antiseptically. When the patient recovered from the narcosis, he stated that the pain had entirely ceased in the parts supplied by the stretched nerve. The motor and sensory paralysis resulting from the operation disappeared in a few days, but the pains did not return. The wound was healed, and twelve days after the first operation both the crural nerve and the right sciatic were stretched in one séance. The three wounds healed in a few days under antiseptic dressings. The effects of the second operation were similar to those of the first. All the pains ceased immediately and permanently, and the paralysis of motion and sensation lasted only a few days. When the patient made his first attempts at walking after the operation, he declared that he was again able to tell what there was under his feet. He rapidly gained the power of walking, and it was then unexpectedly discovered that the ataxic symptoms had also completely disappeared. As soon as he was able to walk tolerably well, he left the hospital, but soon afterward entered another hospital. Dr. Langenbuch sought him out there, and found him free from all ataxic symptoms and disturbances of sensation in the legs. He was able to walk about without a stick, and complained only of weakness and pains in the arms. Dr. Langenbuch thinks that in this case the primary

seat of the disease was in the peripheral nerves. He believes that a rigid adherence to the antiseptic treatment is of the greatest importance in these operations on the nerves.—*Berliner klin. Wochen.*, No. 48, 1879.

A Portion of the Pants a Nucleus for Stone in the Bladder.—Dr. Otis presented a specimen of stone, with the following history: Eight weeks before, a man from Newark presented himself at the clinic of Dr. Otis with the history of a deep, close stricture, said to be caused by a blow on the perineum. The patient stated that he was sky-larking in a bar-room and was pushed against a broken wooden settee in such a manner that he straddled a wooden peg, which wounded his perineum. He suffered a good deal of pain in consequence; subsequently went home and had some retention of urine. A surgeon was sent for, who drew off a small quantity of urine mixed with blood. The patient passed his urine next day without difficulty, and had no special trouble for six months, when he began to suffer from frequent urination with attendant cystitis. These symptoms were supposed to be due to stricture. The patient passed through several hands, and finally came under the care of a physician who brought him to the clinic. On examination by Dr. Otis no stricture was found, but the large steel instrument which was passed into the bladder struck a stone. The latter was found to be of unusual shape. A large, broad, flat surface was felt, and the shape of the stone forbade its removal by crushing. It was accordingly determined to operate by median lithotomy. On putting the finger through the wound into the bladder a flattened stone was encountered, upon the surface of which were mammillated points about the size of a small marble. The size of this mass was two inches in length by one in breadth. It was crushed by the forceps and removed in two pieces. The stone was then found to contain a piece of woollen cloth two inches long and one inch wide. In a separate fragment of the calculous mass another piece of the same cloth was imbedded. The stone weighed in all 360 grains. Dr. Otis stated that he had in his experience a similar case.

A man fell upon the upright handle of a pitchfork and also drove a small portion of his pants into his bladder, which formed the nucleus of a stone half an inch square.—*New York Medical Record.*

Diagnosis of Abscess of the Liver by Symptoms of Cerebral Hyperæmia.—Under this remarkable caption, Dr. J. Marion Sims writes as follows, in the *Southern Practitioner*:—Dr. Hammond's attention was first drawn specially to this subject, a few years ago, by a patient of his (with spinal paralysis) falling out of bed and striking the right side against a wooden bucket. After a while the patient complained of some gastric derangement and pain occasionally in the right shoulder. But the most marked symptom was hypochondria. There was no decided pain in the liver, and no enlargement of the organ. Dr. Hammond thought he detected slight fluctuation, but was by no means certain of it. However, he determined to aspirate the liver. He did so, and evacuated fifteen ounces and a half of pus.

The general health and mental condition of the patient at once improved and remained well after this, suffering only from paralysis.

In April, 1876, Dr. Hammond saw another case where he was led to believe there was abscess of the liver, not because there were any local evidences of it, but because of the mental and moral condition of the patient. There was no pain in the liver; no enlargement of the hepatic region; no tenderness on pressure, and he was not sure there was fluctuation. Knowing that aspiration properly performed was a harmless operation, he did it on the 16th of August, 1876, and removed eight and a half ounces of pus. The mental symptoms disappeared at once, and his patient was permanently restored to health.

From this time, Dr. Hammond began to associate abscess of the liver with hyperæmia of the brain, depression of spirits, hypochondria, insomnia, and unpleasant dreams, with occasional gastric derangement. Guided by brain symptoms alone, Dr. Hammond has repeatedly aspirated the liver, where there were

no physical signs of disease, and evacuated pus. But, in the majority of cases, he has detected the presence of pus by palpation—in some, where there was no seeming enlargement of the organ, and no pain on pressure.

Some writers have severely criticized Dr. Hammond's views on this subject; and I am sorry to say a few have doubted the correctness of his reports.

Dr. Hammond has aspirated the liver for abscess twenty-six times within the last two years. In fifteen cases he evacuated abscesses, and effected cures. In eleven cases the operation was unsuccessful, but attended with no ill effects whatever.

Dr. Hammond passes the aspirating needle through the intercostal space between the eighth and ninth ribs, at a point about an inch in advance of a line drawn from the axilla to the pelvis. In very nervous subjects, he administers an anæsthetic. In very many he deadens the sensibility of the skin by the application of ice and salt. Everything being ready for operation, he pulls the skin up for an inch over the point to be punctured, so as to make a valvular opening; and then thrusts the needle, previously antisepticised with carbolic oil, into the substance of the liver, from the depth of one and a half to two and a half inches. If, at the depth of two and a half inches, matter does not appear, then there is no abscess in the right lobe of the liver.

Abscesses exist sometimes in the left lobe of the liver, but far more frequently in the right.

Treatment of Phthisis with Inhalations of Benzoate of Sodium.—In September of last year, Dr. Kroczak reported fifteen cases of phthisis that were treated with inhalations of benzoate of soda in the Innsbruck Hospital, with the most astonishing success. Three of the patients had been admitted to the hospital in a, so to speak, moribund condition, but they were discharged, cured, after only a few weeks' treatment. Such wonderful success naturally led to repeated trials of the remedy in other places, and the *Berliner klin. Wochen.*, for Dec. 8, 1879, contains papers giving

the results of two observers. Dr. Guttmann, of Berlin, has employed the inhalations in thirty-one cases of phthisis, most of them far advanced and with large cavities. He has used a 5 per cent. solution, and made the patients inhale from 5 to 50 grammes of the salt daily, or from 100 to 1,000 grammes of the solution. The trials were continued from one to three weeks. The conclusion deduced from these cases was that the benzoate of soda has absolutely no curative and even no beneficial action on phthisis. The fever was not reduced, nor was it even influenced in its variations by the treatment. The emaciation and the night-sweats, when present, were likewise not benefited in the least. During the inhalations the patients coughed and expectorated freely, and were correspondingly relieved for a short time afterward, but in no case were the cough and expectoration permanently relieved. On the other hand, the inhalations frequently caused nausea and vomiting, and in one case, at the autopsy, a general, recent capillary hyperæmia of the gastric mucous membrane was found. In two cases the inhalations were followed by hæmoptysis. Nine of the thirty-one patients died, and at the autopsies nothing was found to indicate that a process of resolution had begun in any of the affected portions of the lungs.

Dr. Wenzel, of Berlin, gave the inhalations of benzoate of soda a thorough trial in ten cases of phthisis, five of which were in an advanced and five in an early stage of the disease. The results, like those of Dr. Guttmann, were entirely negative. The phthisical process was not influenced in the least by the treatment, either in the mild or the severe cases, and it could not even be said that the symptoms were temporarily relieved by it. Four of the five bad cases died while still under treatment, and the remaining patient was rapidly sinking. In one of the mild cases the lung began to break down and a cavity formed during the treatment. The benzoate of soda exerted no influence at all on the fever in any of the cases.

Benzoates in the Treatment of Tuberculosis.—Prof. Klebs, of Prague, thus expresses the present

status of his results as to the effects of the benzoates of soda and magnesia in the treatment of tuberculosis in the following statements:—

1. The tuberculous miliary eruptions can, by the internal administration of the benzoates, especially of the benzoate of magnesia, be brought to a standstill and to resorption, even in such cases in which further septic infection or marasmus in a high degree have induced a steady advance of the disease. The author maintains that positive proof of this fact is furnished by anatomical investigations, especially of the larynx and kidneys, while the proof on the part of the lungs and intestines, though not demonstrable with the same kind of evidence, is rendered in the highest degree probable.

2. Where the apices of the lungs have not been affected too long, even though attended with high or hectic fever, and with hemorrhages of the lungs, the inhalation alone of the benzoate of soda, or the insufflation and simultaneous internal administration of the benzoate of magnesia, will bring about a permanent reduction of the fever, cessation of the catarrhal manifestations, and increase of the body weight to a considerable degree. As in these cases a previous internal administration of quinine had not affected the fever or checked the steady decrease in the body-weight, the good effects of the benzoates were put beyond dispute.

3. There is a certain number of cases affected to the same degree, which resist the influence of this treatment. And there are cases which cannot be ascribed to the advanced marasmus. It is probable that there is in these cases continuous destruction of lung tissue, as from obstinate catarrhal and pneumonic processes extending from destructible cavities. Sometimes we may, in even these cases, break the fever by very large doses of the benzoate of magnesia (one to the thousand of the body weight) after salicylic acid had produced only temporary effects, and had then to be ceased on account of the intolerance of the stomach.

In very obstinate catarrhal conditions depending upon, or extending from cavities, catarrhs which are continually recurring

are pyretic, or are sometimes unattended with fever, we get the best results, after failure with all expectorant remedies (from the use of which there is never any permanent effects), from pilocarpin. And in these cases the decoction of guiac may be used with advantage. These two agents were used with great efficacy by Max Schuller in animals artificially infected with tuberculosis.

5. If cavities be thoroughly purified by this treatment, so that the sputum no longer shows micrococci, the improvement remains permanent. It is true that light febrile and catarrhal conditions are wont to recur from time to time; but do not involve any loss of the body-weight.

6. Finally, there are cases enough in which extensive infiltration of the lungs, great cavities, widespread cheesy infiltration of the lymph glands, advanced intestinal and laryngeal tuberculosis render every treatment nil. In these cases the cavities must be entered directly and relieved of their contents, as all experience shows that the infection, especially the septic infection, proceeds from the contents of the cavities.

7. It is very remarkable that of twelve cases which ended fatally, under the above-mentioned treatment, there was never a trace of amyloid degeneration, and this in face of the fact that there was profuse suppuration and extreme marasmus.

If then Klebs will not and cannot claim to have discovered a cure for tuberculosis, as people only, but physicians never say, surely no man of science would ever use such an expression, he still maintains that *with this method first used by him, a great number of cases can be brought to a standstill, and to ultimate, absolute, permanent cure.* At least this is true of a number of his cases, in which the good result has remained for from three to four years. It is certainly essential that every relapse, every catarrh, every complication shall be subjected to immediate, energetic, antimykotic treatment. But it is just here that the negligence or indolence of patients so often bring to nought the painstaking care of the conscientious physician.—*Cincinnati Lancet and Clinic.*

Dressing for Colles' Fracture.—This consists of a simple roller from half to three-quarters of an inch in diameter and two inches long. This is to be carefully placed under the ulna, abutting against the pisiform bone and slowly displacing the thumb. Then a strip of adhesive plaster of the same width is drawn with as much force as it will bear around the wrist and pinned to prevent relaxation. The band of plastered cloth is carefully adjusted so that the distal edge is brought around on a line with the end of the radius. It is manifest that this bandage will grasp the broken fragment, and hold it to the end of the ulna. The rule of loose dressing at first is distinctly violated for a purpose. I repeat that I draw it as firmly as I can, often breaking the plaster cloth. The dressing is entirely complete by the use of a sling which must not be more than three inches wide. This must be placed over the roller, which is both compress and splint. The hand is brought down and allowed to hang naturally. Thus its weight and that of the forearm is used to press the ulna upward into its proper place.

If all this is successfully accomplished, the broken fragments of the radius are easily kept in place.

The full length of the arm is maintained if the ulna does not fall down, and the tendons that run over the back of the wrist are so closely parallel as to make the best possible splint. I do not continue so gross a violation of the primary rule in dressing fractures, as to retain the bandage in its tight condition; but, after six hours, cut it by thrusting one blade of a pair of scissors under it on the back of the wrist, dividing it completely. The few hours of such retention seem to be sufficient. The meagreness of the appliance have startled some who have attempted its use. But any addition that I have made has injured it. I find there is a strong disposition on the part of the patient to lift up the hand with the sound one. With unintelligent patients this is often troublesome, and a splint of iron, thin, such as hoop iron, bent so as to come over the back of the wrist and hand, and bound upon the forearm, but not upon the hand, will guard against this error. I am careful not to bind the hand to it, for I desire the constant action of gravity. The position can

be maintained, even in the recumbent posture. The slight motion in the joint which will necessarily be produced by allowing it to hang freely, prevents the stiffness that is so often a very serious inconvenience after the treatment of this fracture.—*Dr. Moore in N. Y. Medical Record.*

Alkalies in Anæmia.—The therapeutics of anæmia are frequently unsatisfactory, and the causes are by no means few in which the ferruginous tonics are applied assiduously and persistently without beneficial results. Ordinarily iron, in one of the hundred odd preparations which are at the disposal of the practitioner, in connection with a generous diet, will succeed in increasing the number of red blood corpuscles and in restoring color to the waxy countenance and the colorless lips. Indeed, the physician is, as a rule, justifiable in predicting relief. Occasionally, however, cases are met which indefinitely defy all efforts at their relief, and both physician and patient become disheartened and discouraged. These are those in which it is impossible to trace the trouble to any particular cause. A paper by W. Nicholson, M.D., of Greenwich, England, published in the *Practitioner* for January, throws considerable light on these obscure cases.

Dr. Nicholson traces the cause of anæmia in many cases to the liver; he in fact regards hepatic anæmia as the commonest form, and intimates that if the liver be interrogated it will be found to be the *fons et origo mali* in the majority of otherwise inexplicable cases. In anæmia, as in all other diseases, it is not sufficient to prescribe for symptoms, nor to confine oneself to a particular medicine, simply because it has proven of service in a certain proportion of cases. Cullen, Sydenham and Gregory were deceived in their therapeutics, and is it too much to suspect the possibility of error in more modern days? Dr. Nicholson, in his prefatory remarks, very aptly shows the inconsistency of those who, failing in one line of treatment, or with one remedy or set of remedies, still tenaciously cling to it, refusing to adopt a new line or a new remedy. There being no infallible guide to therapeutics, experience must determine the use of the agents.

In discussing the alkalies, reference is made only to potash and soda, and the point made that they are not so like in their action on the system as is usually supposed. Soda, according to the text books, acts more on the liver, and potash on the kidneys. Potash acts on the glands, but soda has no corresponding action; or, expressed differently, soda is but a local antacid, whereas potash is, in addition, a general remedy. Whereas both are depressing when continued any length of time, soda is the least so. Dr. Nicholson combats the usually received views as to the different action of soda and potash. Potash increases the volume of urine to such a small amount that few practitioners prescribe it for that purpose. It has, however, a marked effect in clearing the urine of pigments, and this action Dr. Nicholson shows is owing rather to its action on the liver than on the kidneys. The doctrine that alkalies are depressants is also denied, and the fallacy of the reasons for the assumption that they are such pointed out.

The indications for alkalies in anæmia are not necessarily those which are commonly supposed to demand their use, viz., the furred tongue, loss of appetite, acid eructations, flatulence, heartburn, &c., pointing to trouble in the digestive tract. There are conditions in which alkalies are beneficial and curative where none of these symptoms are present.

"Perhaps the best known indication that is not local are the abnormal urinary sediments whose formation is prevented by alkalies. I say this is a well-known indication for an alkali, although there may be no symptoms of anything wrong with the digestive tract; it is the same often with gouty pains; so, too, with many cases of eczema and other skin eruptions. In all these cases we may conclude that there is something wrong in the digestive tract, but it may not be shown by any local symptoms; this is caused by a disorder of the liver, which is not directly connected with digestion so much as it is with the blood. Another indication for the alkalies, lies in the fact that in many cases we have no antidote or agent for a direct attack on the disease, and so we must rest satisfied simply by assisting nature, leaving her to effect a cure. With this view may we

give the alkalies, to improve the tone of the digestive system, increasing the appetite, aiding the liver to work, promoting the flow of bile, and clearing the blood and urine from lithates, or other sediments and impurities. Alkalies are not classed with tonics, but I regard them as tonic. By tone I mean a state of health, and if we can improve the unhealthy state of the gastro-enteric tract by alkalies, and assist towards a return of appetite and so on to a state of general health, then most assuredly the alkalies are tonic, and I think there is little doubt that the alkalies, more than any other remedy, can restore the digestive tract to a state of health, while iron, instead of giving tone is apt to disorder the digestive tract."

These views are important, and are worthy of being put to the test.—*Therapeutic Gazette.*

Salicylate of Potash.—This salt is very strongly recommended in Rheumatism by Dr. Donnelly in the *N. Y. Medical Record.* His prescription is as follows :—

℞.—Acid Salycilic .....3iii.
Potass. Bicarbon..... .....3vi.
Aquæ ....3ii.

Sig. A teaspoonful every three hours. He says :—" The rapidity of action of this combination is remarkable. Its absorption seems to be immediate ; the patient will speak of the speedy relief he experiences ; the blood is restored to its natural alkalinity, as seen by the diminished acidity of the perspiration and urine ; the brick-dust sediment in the latter disappears, the pain and swelling soon subside, and the metastatic character of the disease is lost. Judging from the effects in a dozen cases, it is no over-estimate to say that salicylate of potash is as thoroughly abortive of acute rheumatism as quinine is of intermittent fever." It is quite possible that this alkaline salt has some advantages over the soda salt which has been so commonly employed, and at any rate is well worthy of a trial.

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1880.

COUNTRY DOCTORS.

The following we take *in extenso* from the "Annals of the Anatomical and Surgical Society" of Brooklyn, N.Y. The remarks made are such as will be found always *apropos*, but particularly so at the present season, when so many, fresh from the colleges, are determining where to begin life :—

"A long period of time has elapsed since any medical man was known to quote a line from the Eclogues or Georgics of Virgil. In fact, it would seem to be a precept of the materia medica that pastoral themes and professional thrift are incompatibles; and apparently the Aesculapius of to-day dares not even think of the gentle Tityrus, least he should himself become, too, *patulae recubans sub tegmine fagi*. But what if he did? It is the agrophobia, and not the spreading beech, which is baneful to an enthusiastic man. The youthful graduate packs his trunk on the morning after commencement day, and betakes himself reluctantly to the railway station. He is envious of such of his classmates as can afford to settle in the metropolis and await the tide of professional fortune. For them the fates have decreed an opportunity to keep up their studies and build up their reputations; for him there is no future excepting the rust and dust, the abundant toil and scanty remuneration, the obscurity and desuetude of a country practice. He cannot remain in the city to starve, therefore he must go to the country; but he believes that in so doing he goes into a sterile exile, a Siberia where no good fortune is possible—except, perchance, to make one's escape.

"This view of the matter is as mischievous as it is fallacious.

It must necessarily work injury to the individual practitioner, to his patients, and to the profession at large. Of course a man who does not expect to study is not likely to study. If the mental pabulum which he can extract from the old wives' lore of the village in which he functionates is all that he demands for himself, it is doubtless all that he will get. But the old wives are not to blame for this. The fault is in the man himself; or in the purpose and expectation with which he enters upon the career that falls to his lot. True, the metropolis affords advantages and opportunities which the village does not furnish; it also imposes hinderances and limitations which are not encountered in the village. The converse is also true. And to the student who has learned the knack of withdrawing into his sanctum, it is comparatively unimportant whether he be surrounded by the bustle of the town or the gossip of the country. The town is critical; the country is fecund; that is all.

"The country doctor complains that he is deprived of the stimulus of fellowship; but he is mistaken. The post office will keep him closely *en rapport* with his peers, whatever the intellectual rank to which he may attain. Whittier at Amesbury lives in a community of poets; with Tennyson at breakfast, Longfellow at dinner, and Holmes lending the sparkle of champagne to his tea-table. So will the country doctor enjoy the real fellowship that he earns. He complains that he is cut off from attending upon the great clinics of the metropolis. Yes, but every case that comes before him is a clinic, if he will but turn it to account. He has but to keep up the scientific habit and purpose of life, and all that he does will have the character and productiveness of scientific work.

"The wide domain of experimental science is probably as accessible to the country doctor as to his urban *confrère*. A laboratory can be established anywhere, and it is from the laboratory that modern science expects to obtain her most important data. Edison's laboratory stands in a metropolis of Jersey mud; Virchow built his reputation in a remote townlet; Mayer, of whom Tyndall says, "as seer and generalizer, Mayer, in my opinion, stands first," was all his life a country doctor; and no

man who can obtain control of a garret or a shanty should permit himself to complain that he lacks a *pou sto* from which to move the universe.

" Moreover, aids and guides to private study are vastly more abundant and accessible than in the days of Mayer or the youth of Virchow. To the students of anatomy, the books of Gray and Huxley, a scalpel and the cadaver of an animal, will furnish material for any amount of research. For histology, Rutherford's little book and a microscope will open the way to a life-long career. For experimental therapeutics, what could be more favorable than Ott's monograph, and the plenitude of organic life which is to be found only in the country ? If the country doctor would be a chemist, let him start his laboratory, and Morfit's " Manipulations" will tell him all that he lacks; if botany is his choice, a microscope and Sach's book will give him an excellent start ; or if he cares to join the great army of physiologists, he will find all that he needs in Sanderson's handbook for the physiological laboratory.

" But the country doctor complains that he has no time. True enough, perhaps ; neither has the city doctor. Only the great workers have time for work."

MONTREAL GENERAL HOSPITAL.

The election of a medical officer to our General Hospital has always excited considerable public interest, and very naturally, seeing that the individual so elected has thereby committed to him a very important public trust. This trust involves, in the first place, the medical care and supervision of the sick poor who may be placed under his charge ; and, in the next place, it necessarily involves more or less of the teaching of students. What we wish to contend for is, that the Governors in making a selection should keep befere them *both* these functions of the Hospital Physician or Surgeon. This Hospital is attended by from 150 to 200 students in the course of each year. It is in its wards, and (in many cases) there only, that they have the opportunity of learning the practical part of their profession. It is, therefore, of the utmost importance that ample practical

instruction should be given to those who form our quota of the physicians and surgeons of the country. Of course, some of the medical officers teach systematically in connection with the University, but it is by no means to be considered that students are to learn from them alone. On the contrary, every attending physician (indoor or outdoor) gives more or less clinical instruction to those who are present to observe his practice. To do this, of course, takes a considerable amount of time. It is certain, therefore, that work of this kind will be best performed by comparatively young men whose other professional duties do not engross too large a share of their time, and who have shown themselves eager and zealous in the pursuit of scientific knowledge. What is wanted is young hardworking men, men who will gladly devote time to the study and careful examination of their Hospital patients, and who, whilst performing this work, will be willing to give all possible assistance to the Hospital students who are engrossed in the same studies as themselves. It is a great mistake to suppose that clinical teaching goes on only in the wards. In fact, all students are advised by those who understand the best course to pursue, to begin with diligent attendance at the outdoor department. Therefore, in deciding between candidates for this department, the consideration of the probable capabilities and usefulness of each individual, as regards instruction of students in some branch of medicine, ought certainly to receive its due share of weight. The great importance of Hospitals as teaching schools should never be lost sight of. How could the great metropolitan Hospitals maintain their reputation except by the most careful selection for appointments of those who give promise of becoming studious observers and good teachers?

On this point some statements recently put forth by a writer in the evening papers, seem singularly mistaken. The assertion is made that the custom in Great Britain has been to appoint to Hospital vacancies men who have proven themselves the most successful practitioners in their localities, and that these men from their acquired reputation bring credit to the Hospital which thus honors them. Whilst, as a matter of fact, it is no-

torious that the junior assistant physicians and surgeons of London and other cities are almost invariably found to be men with hardly any practice at all, but who have come into notice from their energy in applying themselves to professional work of all sorts. It is *after* they have worked hard at their Hospital duties, for perhaps many years, that they become known to the public as possessed of marked skill and ability, or great experience in some special branch, and *then* their reputation begins. They are naturally promoted, as vacancies occur, and subsequently add to the renown of their Hospital by the extended reputation they may themselves have attained. Many of the best-known workers and writers have never succeeded in practice at all. We all know of marked exceptions to the above general rules, such as the removal of Lister to King's College, for example, but they do not bear on the subject under discussion.

A LEGAL QUESTION.

CIRCUIT COURT, MONTREAL.

HEISE *and vir* vs. MCBEAN *and vir.*

This was an action by a midwife to recover for professional services. Her account was as follows :—Professional services from Dec., 1877, to Dec., 1878, $25 ; accouchement, Dec., 1878, $20. The defendant's husband paid the $20, but objected to the first item. The plaintiff sued for the $25.

The defendant pleaded that the plaintiff had no right to perform such service, not being a licensed and regular physician or surgeon, and could not therefore recover anything beyond the fee for accouchement, which had been paid. For the plaintiff, it was proved that defendant had been at plaintiff's house during the year, as also that defendant had offered $12.50 to settle the matter.

Dr. Hingston, in his evidence, said that the plaintiff was entitled to perform such services, that the word midwifery should be taken in a liberal sense, and that midwives were entitled to render services and give advice during pregnancy, and, indeed, before, for he considered that they were entitled to render any services and give any advice in relation to placing or maintaining the female organs in a fit condition for conception or successful gestation.

For the defence, Drs. Lachapelle and Dagenais said that the plaintiff was not entitled to perform any service beyond the accouchement; midwives being merely admitted to the practice of midwifery, *à la pratique des accouchements.*

The Judge, C. Caron, J., held that the word midwifery should be taken in a liberal sense, as explained by Dr. Hingston, and, considering that some

service had been rendered and $12.50 offered by defendant's husband, gave judgment for that amount and costs.

The above, from the recent sitting of the Circuit Court, contains matter of interest to the profession. The judgment ordered payment of fees for medical services altogether apart from the attendance upon the accouchement. The defendant admitted the fact of certain of these services, but disputed the amount. This, in the case of *legal* debt, would be a valid acknowledgment of such debt to the amount tendered: but the whole question here is, was this a *legal* debt? The plaintiff is a licensed midwife—*i. e.*, she has the authority of the Provincial Board to practise midwifery. The common interpretation of this is, that such person is permitted by law to attend, for suitable remuneration, women in their confinements, and to perform subsequently such services as may be required of them until health is regained. The ordinary care of the new-born child also falls within their province. Beyond this, it is not generally considered that the functions of a midwife extend. In the present case, it is averred that, the patient never having been pregnant, "some obstruction was removed from the womb," and other treatment through a speculum followed up. Some time after, pregnancy ensued, and the bill of charges is sent in for visits and examinations. It is quite plain that if this is to be generally admitted, then every midwife is not a midwife only, but is a gynecologist. It will be observed that one of the medical witnesses gave it as his opinion that a midwife was at liberty to perform, and claim fees for, all services tending to ensure successful conception, or in any way connected therewith. Then, are we to believe that she is legally permitted to operate for atresia of the vagina, or stricture of the cervical canal, or lacerated perineum? We find it difficult to understand why the learned judge should have decided as he did, in the face of the most positive evidence to the contrary, by two members of the present Provincial Board.

If midwives have such legal rights, we would ask, Where is the tariff fixing remuneration for their services? There is such

a list of charges for medical practitioners. Are the midwives to value their attendance at similar rates, or how?

As this is the first time, so far as we know, that this subject has been brought into public notice, and since there seems some misunderstanding as to the definition of the duties and privileges of the licensed midwife, we hope that the Provincial Board will enact regulations to make the matter clearly understood. They have full power by law so to do.

NEW HOSPITAL.—We learn from *L'Union Médicale* that the Medical Faculty of Laval University have made arrangements for opening, next month, a new hospital, to be called that of Notre Dame. It is to be general and non-sectarian. The building is that formerly occupied as the Donegana Hotel, and is well located for the purpose intended. The nursing will be given by the Sœurs Grises, and the members of the Faculty will form the staff of attending physicians. Private wards will be thrown open to all the physicians of the city.

THE AMERICAN MEDICAL ASSOCIATION.—The 31st annual meeting of the American Medical Association will be held in New York, commencing June 1st, 1880. Members of the Canadian Medical Association who may desire to attend can receive credentials on application to Dr. David of Montreal, General Secretary.

APPOINTMENTS.—Charles Sheard, M.D., M.R.C.S., Eng., has been appointed to the chair of Normal and Pathological Histology, and also lecturer on Botany in Trinity College, Toronto. Dr. G. S. Ryerson has been appointed lecturer on diseases of the eye, ear and throat in the same institution.

MONTREAL GENERAL HOSPITAL.—The term of office of Dr. James Bell, House Surgeon, having expired on the 1st instant, he has commenced practice in this city. Dr. Bell has proved himself a very efficient officer, and carries with him the best wishes of the entire medical staff for his future success. He is succeeded by Dr. Imrie, who has been assistant for the past

year. The latter post will be filled at the annual meeting of Governors to be held in a few days.

Medical Items.

FRENCH HOSPITALS.—Nothing can be more distressing to any one who comes from a really well managed hospital and really good surgery than to see the shocking sights which are every day to be observed in the French hospitals. The nursing is for the most part nominal. The Sisters of Mercy are administrators and not nurses. They are untrained. They are selected by religious communities from all classes of people, and their object in attending at the hospitals is as much religion as nursing. They serve the breakfast, look after the linen, sit a great deal in their own rooms, give two or three hours a day to the retreat in what is called the chapel of the community; and they are as far from reaching our idea of what the ward-sister should be as the French surgeons are from attaining the modern standard of what a surgeon should be. I have seen in one ward four cases of bedsore which were not known to the sister or the physician, for the patients had never been turned over for days. The patients who come into a French hospital may be seen lying there for weeks with the dirt and filth crusted on their limbs; for it is not the rule to give them baths on entering.—*Paris Cor. Louisville News.*

ANCIENT HINDOO WIT.—The number of the *Transactions of the Odontological Society of Great Britain* for March contains a photograph of a curious Hindoo bas-relief, representing a group of monkeys engaged in extracting a man's tooth. The unfortunate individual is bound, and the tooth is held in the grasp of a very primitive looking extracting instrument (resembling somewhat the large claw of a crustacean), to which a small elephant is attached by means of tackles. The piece of sculpture was found in a ruined temple near Allahabad, known as the Stupa of Bharbut, and was more than 2,000 years old, the temple having been built about the year 200 B.C.

PERTINENT.—Mr. John Wood, of London, asks: 1. How, if bacteria are so very terrible, nine hundred and ninety-nine cases of wounds out of a thousand do well; 2. How a patient can die by pyemia or septicemia, self-poisoned, without external wound at all, the source of infection being a deep-seated abscess far removed from contact with the air; 3. How bacteria can exist in abscesses originating inwardly, and yet no blood-poisoning ensue; 4. How wounds of the face-cavities heal so quickly and so well, though bacteria in numbers were found in the fur on the tongue and the mucus on the surfaces of these cavities.

OLEO-MARGARINE.—From an average of 100,000 pounds of fresh caul fat received daily, from 40,000 to 50,000 pounds of butter are produced—equivalent to the yield of nearly as many thousand milch cows. From 20 to 25 pounds of beef oil suitable for butter-making is obtainable from each of the 12,000 beeves killed every week for the requirements of New York and the adjoining cities, an annual addition to the food supply of this port of not less than 12,000,000 pounds of pure food, having a dietetic as well as a commercial value of from 15 to 20 cents a pound. The possible annual gain to the whole country from Mr. Mège's discovery runs high among the millions.—*Scientific American.*

VIVISECTION IN GERMANY.—Richard Wagner, the musician, has written an open letter against vivisection. He tells physiologists to "look into the eyes" of the animals they torture, and he is sure they will drop their instruments.

Professor Zollner, of Leipsic, has expressed his belief that vivisectionists are to a large extent responsible for "Nihilism in religion and morality;" and he counsels them, instead of continuing their evil practices, to study "animal magnetism." Notwithstanding these authoritative utterances, the German public are not, apparently, inclined to call for the kind of legislation which has been adopted in England. At a meeting held in Leipsic last month, Herr von Weber denounced the medical profession as guilty of great cruelty. In these days, he declared, doctors regarded their patients rather as "materials for experiments" than as persons to be helped, so that hospitals had been virtually transformed into laboratories. The only effect, however, of the orator's indignant eloquence was that three cheers were almost unanimously given for a distinguished physician against whom he directed his most violent attacks.

—The annual examination of the Pharmaceutical Association of the Province of Quebec was held in this city at the Lecture Rooms of the Montreal College of Pharmacy, Lagauchetiere street, on the 27th and 28th ultimo. The following gentlemen passed the major examination and were registered as Licentiates of Pharmacy: W. A. Farwell, J. R. Parkin, J. G. Walton and J. C. Sutherland. One failed to obtain the required number of points and was rejected. The following passed the minor and were registered as Certified Clerks: R. Carriere, Alexis Robert, E. Ranson and C. F. Baillarge. Three candidates in this class were referred back for further study. Messrs. Gray, Mercer, Manson, Ambrosse, Jackson and Martel officiated as examiners. The next examination takes place in Laval University, Quebec, on the 7th and 8th of June.

—At a meeting held on May 7th, the Montreal College of Pharmacy was fully organized under the new Act of Incorporation with the following gentlemen on the Committee of Management: John Kerry, Henry Lyman, Henry R. Gray, W. A. Dyer, H. F. Jackson, J. D. L. Ambrosse, Alexander Manson and Rock Dugal.

Medical Education for Women.—The management of the Royal College of Physicians and Surgeons at Kingston propose to hold a summer session for female students of medicine, commencing in April. It is said that already twenty ladies have signified their intention to take the course.—*Canada Lancet.*

Personal.—Dr. G. S. Ryerson, L.R.C.P.&S., Ed., late assistant and acting house surgeon Royal Ophthalmic Hospital, Moorfields, London, and Central Throat and Ear Hospital, has commenced the special practice of the eye, ear and throat in Toronto. He has been abroad for four years, and brings with him the highest recommendations from eminent specialists in England and the Continent.

Death of Dr. C. H. H. Sayre.—We regret to learn of the untimely death of this promising young surgeon of New York. He was the eldest son of the well-known Dr. Lewis A. Sayre, and was but 30 years of age at the time of his death. This was brought about by a fall down a deep area, whereby he sustained a most severe compound comminuted fracture of the left thigh.

CANADA

MEDICAL & SURGICAL JOURNAL

JUNE, 1880.

Original Communications.

ON A CASE OF DIABETES INSIPIDUS IN CONNECTION WITH CANCER OF THE LIVER AND PROBABLY THE POST-PERITONEAL GLANDS.

By GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University.

(Read before the Medico-Chirurgical Society of Montreal.)

Mrs. K., æt. 44, in April, 1879, first noticed a small lump in her left breast. (She was then nursing.) This continued growing, but accompanied by scarcely any pain, until finally she came to the Hospital on the 7th November and had the breast removed for scirrhous tumor by Dr. Roddick. Left Hospital with wound healed Nov. 29th, being readmitted Dec. 15th. She had aborted in October (being four months pregnant), and had felt too weak to do anything from that time; she also observed that she was losing flesh and becoming of a bad color—(yellowish-white she calls it.) Besides this, she complained a great deal of pains "all over," and found that she could not sneeze, yawn or cough without causing intense pain in the abdomen and back. About the 1st December, two or three days after returning home, she found that she was constantly thirsty—drinking a great deal of water, and passing very large quantities of urine, being obliged to rise several times during the night. This has continued to the present time.

When first seen the condition of the patient was as follows: Looks somewhat thin and haggard, with a slight red flush on each

cheek, but no jaundiced color, and the conjunctivæ are white and clear. Lips and tongue are dry and sticky, the latter slightly coated. The principal complaint—indeed, the cause of her seeking admission—is severe pain in the right side. Its chief seat is the right hypochondrium, but extending downwards to near the crest of the ilium. It is not very bad when lying quite still, but is aggravated by any movement, and especially by coughing or sneezing. By palpation, the edge of the liver is readily felt extending about three inches below the margin of the ribs; it is hard, not specially irregular, and very tender upon pressure. Dulness from upper border of 6th rib to the lower felt margin. Examination of the spleen and organs of the chest discovered nothing abnormal.

The urine was found to be quite excessive in amount, varying in 24 hours on different days from 120 to 190 ounces (from 6 to 9½ pints imperial.) It was quite clear and transparent, almost colorless, the faintest greenish tinge only being present, and contained no deposit; it was acid; it had no peculiar odour. The specific gravity was 1002, sometimes a fraction more than this, but hardly reaching to 1003; it was never more than this. The urinometer showed as nearly as possible the same figure with the ordinary drinking water from the tap. No albumen; no sugar.

The condition of this patient did not materially alter during the time she was under observation. She was continually racked with excessive thirst, which necessitated the constant drinking of water, lime juice, and other fluids. We had the amount per diem measured, and found it to vary from 160 to 258 ounces. On one occasion it is noted that 176 ozs. having been drunk, 186 ozs. of urine was passed. On all the other days, however, the quantity voided was somewhat less than that ingested. The only new symptom observed was the occurrence of severe pain in the left iliac region, radiating downwards into the hip and even into the thigh. The appetite was poor; bowels decidedly constipated; no vomiting.

The diagnosis was malignant disease of the liver. This was founded upon the *pain* in the hepatic region, *enlargement* of the organ, and decided *hardness* and *tenderness* when it was pressed

upon. This occurring in a patient known to have been the subject of malignant disease, and who had been losing flesh and strength for some months. Absence of vomiting and jaundice was noted, but admitted to be not necessarily present. The very severe lumbar pain, and pain in the left hip and down that thigh, led to a strong suspicion of involvement of some of the retroperitoneal glands. The urinary condition was clearly that of Diabetes insipidus.

The patient, very much against my desire and strong solicitations, went home on the 10th January. She was seen by the House Surgeon, at my request, every few days. No new symptoms were developed, but the diuresis continuing, rapid exhaustion went on, and she died quietly and quite sensible on the 30th January, 1880. I regret exceedingly that we were quite unable to overcome the objections of the friends to a *post-mortem* examination. The case must, therefore, remain imperfect for want of this necessary verification of the pathological conditions.

Remarks.—Cases of Diabetes insipidus from any cause are sufficiently rare to be worthy of having their record placed before our medical society. This is the first well-marked example of the complaint which I have myself happened to meet with, and I have been rather surprised to find that physicians here in very extensive hospital and private practice have never come across it. We are all aware of the occasional occurrence of this disease, like its congener, the saccharine, in connection with certain brain lesions. I think, however, that the great interest of this case centres in the fact that no such cause is here demonstrable, nor has been suspected, but, on the other hand, the diabetic state has been developed in a person who was undoubtedly the subject of cancerous disease of the abdominal organs.

I might be permitted here briefly to allude to the results of Claude Bernard, as deduced from physiological experiments. He shows that in the floor of the 4th ventricle are two centres connected with the vagus nerve: irritation of one of these causes a *saccharine* diabetes, and of the other an *insipid* diabetes. Again, he found that division of the splanchnic nerves caused persistent polyuria, and that if one of these only be divided,

then the excessive flow is found to proceed only from the kidney of the corresponding side. From which observations it would appear that, for the renal organs, the pneumogastric nerve is the excitor, and the splanchnic the inhibitory nerve.

The exciting causes of polyuria in the human system are chiefly the following: Temporarily, it is notorious that it may occur from many causes acting through the nervous system—simple emotion, hysteria, anxiety with sleeplessness, &c. Then various causes acting by direct lesion upon the brain—blows, especially upon the *frontal* region, through centre-coup, drunkenness, and a variety of morbid affections, such as tumors, &c. Dickinson states that "where the position of the lesion has been exposed after death, it has always involved the medulla or cerebellum." The great majority of all recorded cases acknowledge some such condition as their starting-point—*i.e.*, are nearly always traced to *irritation* of the *excitor* nerve-trunk. It would appear to be excessively rare to find persistent polyuria induced by the other possible means, viz., by *interference* with the function of the *inhibitory* nerves (the splanchnics). A few cases only of very doubtful value are to be found where the diabetes was associated with abdominal tumors in various situations. Dr. Howship Dickinson is the only writer who has drawn special attention to this point in reference to a very complete observation he was enabled to make. Most authors on medical practice make no mention of it at all, but Senator (in Ziemssen's Cyclopædia, vol. xvi.) says: "Changes in the sympathetic nervous system, which, according to Eckhard's and Peyreni's experiments, may also play a part in the production of the disease, must also, for the future, be more carefully studied than hitherto. Thus far it seems that only in a single case of Dickinson's was the cause of the disease found in a degeneration of the solar-plexus." The case alluded to is related in full in Dr. Dickinson's works on Diabetes (1875). The subject was a man in whom hepatic cancer had been diagnosed, and who had Diabetes insipidus to a marked degree. At the autopsy, besides the liver disease, nodules of cancer were found in the lesser omentum, about the cœliac axis, in the post-peritoneal tissue, about the

pancreas, the right supra-renal capsule, and the right renal artery. The solar plexus was extensively involved in the disease. Many of its fibres were inseparable from the growth. The author concludes his remarks by saying, "I am not aware of any other instance of polyuria in the human subject in which the symptom has been traced to pressure upon abdominal nerves."

I can only therefore repeat my regret that I should have been denied the opportunity of examining the abdomen of this patient, for I feel satisfied that the conditions found would have been in the main features very similar.

RARE SYPHILITIC CASES.

By T. G. RODDICK, M.D., Professor of Clinical Surgery, McGill University.

(Read before the Medico-Chirurgical Society of Montreal.)

I happen to have had under my care during the past five or six years, both in hospital and private practice, a large number of syphilitic cases, and while the vast majority of these have been of the ordinary routine character, a case would now and then occur whose history excited unusual interest. It is my intention in this paper simply to report five cases belonging to this latter class, with the hope that those of the members present who may have had rare syphilitic cases under their care will give the Society the benefit of their experience, and thus, perhaps, extend the clinical boundaries of this mysterious disease. I have been surprised, indeed, that, considering the constant presence of the disease in our city, and the fact that every medical man, and especially every young practitioner, must constantly have under treatment a certain number of syphilitic cases, so few of the papers hitherto presented before this Society had any reference to this very important subject.

The cases that I am about to relate are peculiar, you will notice, in that they have originated, not from the implantation of the virus of the infecting chancre during copulation, but from some secondary lesion, the poison of which has been transferred often to the most unusual situations, and in a manner difficult to account for.

CASE I.—A. B., aged 27, salesman, was sent to me in October, 1878, by a professional friend. I found him suffering from a sore on the lower lip, which had existed there for some three or four weeks. In size it approached a shilling piece ; edges raised and firm ; surface covered with a crust of dried and altered pus ; surrounding tissue slightly infiltrated ; painless ; the submaxillary ganglia very much enlarged and indurated.

He denied any intimacy with prostitutes who would be likely to have syphilis of the mouth, but admitted that he frequently cohabited with a young woman, who, however, would not be likely to have anything of the kind. By questioning him closely, but not for many days, I discovered that an intimate friend, to whose room he frequently went, and whose pipes he occasionally smoked, was troubled with a sore mouth. From the medical man attending this friend I subsequently learnt that he was at the time undergoing a course of treatment for constitutional syphilis. The evidence being thus complete, the diagnosis of chancre was at once made, and constitutional treatment, in the shape of grey powder, ordered ; some *placebo* to be applied to the sore. In the seventh week after the appearance of the ulcer, a faint secondary rash was noticed, but unaccompanied by fever or constitutional disturbance of any kind. The sore now rapidly lost its specific characters, becoming soft and tending to suppurate. In the place of the grey powder, which had been cautiously administered, half grain pills of the protiodide were substituted. There was very slight erythema of throat, for which he was to use Wyeth's potash tablets.

The patient left the city without notifying me, and did not present himself until January 15th, 1879, having, however, continued to take the pills. The original sore had by this time entirely healed, and enlargement of the submaxillary glands could barely be distinguished. The inguinal glands were thought to be slightly enlarged, but both supra-trochlear glands could be plainly felt. On the head, at the margin of the beard, and scattered over the trunk and extremities, were some dozen small patches of a scaly character. Along the borders of the tongue and on the mucous membrane of the lips were a number of small

patches of ulceration varying in size from a pin's head to a split pea; no alopecia; no iritis. Ordered a mixture containing in each dose fifteen grains of the iodide of potash, with a bitter tonic, to be taken thrice daily; the biniodide pills (gr. $\frac{1}{8}$) to be taken, with certain restrictions, in addition.

March 20th.—The only evidences remaining of the disease are occasional minute ulcerations of the mucous membrane of the mouth. The patient is ordered to continue a mild anti-syphilitic course. I have not seen or heard of him since.

CASE II.—C. D., a young woman, 27 years of age, strong and healthy-looking, sought advice about the 1st of January, 1879. I soon learnt that she was the mistress of the party referred to in the case just reported. She came to consult me regarding a sore in the neighborhood of the left nipple. This was about the size of a ten-cent piece, involving the border of the nipple and extending outwards; firm to the feel, and secreting very little sero-pus; two or three axillary glands decidedly enlarged. It was an ulcer, in short, almost identical in its characters with that which had existed on the lip of A. B., and as such, indeed, was recognized by the patient herself. She admitted the possibility of direct contagion. The sore had already existed some four weeks, but had not been painful; genitals healthy.

I adopted the same course of treatment in her case, but the secondary manifestations were much more marked. She had a most troublesome sore throat, extensive alopecia, and a marked papulo-pustular eruption. In fact, she has been under treatment more or less ever since for reminders of various kinds, and I fear is now threatened with specific ulceration of the rectum.

CASE III.—G. F., aged 25, grocer, presented himself Jan. 10th, 1880, for advice regarding a sore on the neck, situated about an inch above the centre of the clavicle, on the right side. On examination it proved to be a deeply excavated ulcer, larger than a shilling piece, with raised edges and foul base. The glands in the posterior triangle of the neck of that side were very much enlarged. He stated that about the 1st of December,

while insensible from drink, and lying in a brothel, he was bitten by a prostitute, who took this means of awakening him. He was aware that this woman had sores in her mouth, but as she was in the habit of chewing snuff, he had looked upon this as the cause. The part bitten pained him for a day or two, and his attention was not directed to it again until about Christmas day, or nearly three weeks afterwards, when what he described as looking like a boil appeared in the situation of the bite. This rapidly extended both in depth and superficial area until it assumed the characters already described.

I diagnosed chancre; ordered a weak carbolic ointment for the sore, and, internally, the protiodide of mercury pill (gr. ¼.)

Feb. 9th.—The patient presents himself to-day covered with a well-marked erythematous rash; erythematous condition of mucous membrane of pharynx; slight fever, but the temperature was not taken; headache; pains in the extremities; coated tongue. The ulcer was cleaner, but otherwise had not altered much in appearance. Ordered the protiodide pill in quarter grain doses every four hours; the same treatment to be continued to the sore.

March 15th.—The ulcer has healed, leaving a very trifling scar. There is a slight squamous eruption apparent here and there over the body; a few small mucous patches on the inner side of the cheek and tonsils; slight alopecia. The iodide is ordered in twenty-grain doses, with one-twelfth of a grain of bichloride of mercury, to be taken thrice daily.

The patient continued to improve, and at present has few evidences of the disease. The lateral cervical, post cervical, and epitrochlear glands are slightly enlarged; the inguinal glands can now hardly be said to be enlarged.

It is well to mention that the patient has had two attacks of gonorrhœa and some half-dozen chancroids during the past five years, but there is no previous history of any constitutional taint.

Case IV.—Philomene V., a medium-sized and apparently otherwise healthy woman, 30 years of age, was admitted into the Montreal General Hospital under my care on the 29th Decem-

ber, 1879. Her skin was covered with a characteristic scaly, copper-colored eruption, and she complained of sore throat. A remarkable sore was noticed on the left side of the upper lip, and involving both the cutaneous and the mucous surfaces. It was dry on the surface, with a thick hard base, the induration extending over an area of an inch in diameter. There was marked enlargement and induration of the submaxillary glands, more especially of the one on the left side.

She gave the following history to my clerk, Mr. McKenzie: Has been married four years; had a miscarriage at the fifth month about a year after marriage; has not been pregnant since that time; has been separated from her husband for the past six months, as he is a dissipated character, although she never knew him to have any venereal disease. About the 1st of November last, while suffering from a severe cold, and having cold sores on the lips, she was kissed once only by a man who was employed in the same establishment as herself. He wore a thick beard and moustache, so that if he had sore lips she could not have seen them. One of the little herpetic patches on the left side of the upper lip became swollen and inflamed in about ten days after she was kissed, and rapidly assumed the characters already described. About the 27th December, or six weeks after the ulcer began to form, she became feverish, and a dusky mottled rash appeared on the skin, most marked on the flexor surfaces. This gradually gave place to the rash described as being present on admission. Sore throat now appeared also.

The ulcer was diagnosed as a genuine chancre of the *saucer-shaped non-suppurating* variety, the other manifestations being those of the secondary stage. She was at once put on constitutional treatment, iodoform ointment being applied to the sore. In two weeks the chancre was reduced to half its original size, the sore throat had ceased to trouble her, and the eruption had disappeared in great part, but she insisted on leaving the Hospital, and has not since come under observation.

I am indebted to Mr. Stevenson, one of my clinical clerks, for the notes of this case.

CASE V.—D. T., female, 42 years of age, married, was admitted to my wards January 6th, of this year. Has had 13 children, some of whom died in infancy; three miscarriages. Has always enjoyed excellent health. Present illness began about two months ago with swelling and pain under right lower jaw, pain in the throat, and difficulty in swallowing.

On examination, the submaxillary gland of the right side is found to be enlarged, indurated, but movable. The patient is very stout and short-necked, so that other glandular enlargements that might be present are not felt. In the throat the mucous membrane generally is much swollen and injected, but involving the right tonsil is a large and deep ulcer, with irregular edges and covered with a greyish secretion which looks in places not unlike a patch of false membrane. The ulceration seems to extend downwards along the side of the pharynx, so that its lower margin cannot be distinctly defined.

The case had been treated as one of diphtheria, but Dr. Ross, under whose care she was subsequently placed, was of the opinion that the ulceration was either syphilitic or epitheliomatous, and on that account had the patient transferred to my wards. I found it impossible at first to get any history that would support the syphilitic theory, and for a time looked upon the case as one of epithelioma. Later, however, I discovered that a man who had boarded in her house had long suffered from some disease of a venereal nature, and which was probably syphilis. He had been in the habit of taking kitchen utensils, such as spoons, knives, cups, &c., to his room, and these were often returned to the cupboard without being cleansed. Doubtless, then, the poison from a syphilitic ulcer somewhere on this man had been transferred to the throat of our patient, either directly in some eating or drinking utensil, or in the food which they carried. The diagnosis of primary sore was then made, and constitutional treatment at once begun in the form of the protiodide pill (gr. $\frac{1}{2}$) every six hours; iodoform to be dusted on the ulcer.

Jan. 20.—A reddish-brown, slightly elevated eruption has come out over the face, chest and extremities, being the long-delayed secondary rash; a gargle of black wash ordered for the throat.

Feb. 4.—Ulcer on tonsil much smaller, more healthy-looking, and almost painless. There is still much pain in the swollen glands. Has a troublesome cough; the pills are discontinued.

21*st.*—Ulcer quite healed, and rash disappearing rapidly; suppuration going on in the neck.

March 1*st.*—An incision was made in the abscess and a quantity of pus found exit. This rather unusual occurrence, suppuration of a syphilitic gland, was probably due to the constant irritation to which the ulcer in the throat was so long subjected.

The patient left the hospital in ten days after the abscess was opened, being in excellent health. The eruption, now slightly scaly, was still in little patches on the extremities.

These cases of so-called *mediate contagion* are interesting, not only as curiosities in connection with the subject of syphilis, but they go to show how deceptive often are the histories of many cases in which we have every reason to suspect the presence of the syphilitic taint. Every one of the patients whose cases I have reported might with perfect truthfulness declare, years hence, that he or she had never suffered from what would be interpreted as a venereal disease, for in none of them was there any sore or other trouble directly connected with the genital organs.

These cases also go to prove that secondary syphilitic conditions, more especially the so-called mucous patch, are in the habit of secreting a virus as capable of originating and perpetuating the initial lesion—the characteristic chancre—as the chancre itself, showing how incumbent it is on the part of the surgeon to warn his patient, suffering from secondary syphilis, against coming into immediate contact with those about him.

SHORT NOTES OF CASES SEEN IN THE OUT-DOOR DEPARTMENT OF THE MONTREAL GENERAL HOSPITAL. *(Continued.)*

By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., Eng.
Surgeon to the Out-Door Department, Demonstrator of Anatomy, McGill University, &c.

Case VII.—*Eczema of the Hand.*—Kate S., aged 18, servant. Has had eczema of right hand for eight months. Eruption seen

most on palm and between fingers, but also on back of hand. Aches a good deal. Numbers of fissures seen about the knuckles, which are painful. Both hands, she says, are generally blue and cold. From the fact that the eruption was seen on one hand only, I surmised that it was due to some local cause, and on enquiring, found that her occupation was to wash dishes all day, in the doing of which she used her right hand more than her left in stirring round the water. I prescribed the Unguentum Diachyli of Hêbra (equal parts of Linseed Oil and Emplastrum Plumbi), to be kept continuously applied, and told her to wet her hands as little as possible; also, that to effect a permanent cure she must give up her occupation. She returned in a week. She had given up her work, had kept the ointment continuously applied, and was much better. No new vesicles had appeared. A month later I again saw her; at that time the eruption had entirely disappeared, and her hand looked perfectly healthy.

CASE VIII.—*Herpes of Face and Throat.*—John C., aged 19, coal carter, consulted me on December 26th concerning an eruption on the face, which he had been told was small-pox; further, he said he was living in a house in which there was a case of small-pox.

The eruption consisted of large vesicles, quite distinct from one another, situated on the left side of the nose, left cheek and upper lip. The left ear, both in front and behind, was studded with flattened vesicles, containing a clear fluid, closely set together. Other parts of the body quite free from eruption. The eruption had come out the day before, and had been preceded by slight chills and fever, but no pain in back. His pulse was 108 and temperature 101°F. Ordered Unguentum Zinci, to be applied twice a day.

Dec. 29.— No better; several of the vesicles are distinctly umbilicated, and several new ones have come out on right cheek. These have a hard feel, and are not yet vesicular. Complains of sore throat; on examination, found the fauces injected and the back of pharynx and fauces studded with red spots size of split peas; tongue coated; pulse 110; temperature 102° F.

Saw patient a week later; the spots were all drying up. Temperature and pulse normal; no fresh spots, This was no doubt a case of herpes. The eruption never appeared in any part but the face and throat, and the vesicles matured very rapidly. The constitutional symptoms were not those of small-pox; there was no pain in the back or other severe premonitory symptoms.

CASE IX.—*Herpes Zoster*, treated by application of Collodion. —Clara B., aged 20, brunette, single, presented herself on the 29th of April suffering from well-marked herpes Zoster in the course of the 6th intercostal nerve of right side. A large patch of vesicles was seen just below the breast, and another between the axillary lines. She complains of severe burning pain. The eruption appeared two days ago, and was preceded by severe pain. The girl had a well-marked neurotic temperament, and for some years had been the victim of severe neuralgia of the trifacial. The eyelashes of right upper lid are perfectly white for about a quarter of an inch at centre of lid; she has also white patches of hair in the course of the supra-orbital nerve.

The herpetic eruption was painted with flexile collodion. Three days later she again presented herself; the vesicles were rapidly drying up, and gave her no further pain. No fresh spots had come out. Collodion was painted on a second time, and at her next visit, on the 6th of May, one week from her first appearance, the eruption had quite disappeared. The collodion protects the vesicles much better, and is more convenient than zinc ointment or the dusting on of some powder. This mode of treatment was suggested to me by Dr. Geo. Ross.

CASE X.—*Squamous Syphilide.*—Mrs. S. W., aged 33, was married to her first husband sixteen years ago, by whom she had several miscarriages and two living children. These latter died when about eighteen months old. First husband died eight years ago in England. After his death Mrs. S. W. came out to Canada, and married her second husband three years after, now five years ago, and has had no children and no miscarriages. Last year was treated for an ulcerated leg, which is the only "breaking out" she has ever had.

A fortnight ago the present eruption, for which she comes to be treated, appeared. The eruption is situated about the mouth and on the flexor surfaces of the forearms. It is scaly, and has a gyrated appearance. The scales are thick and of a dark-red color, situated on a deep red base. The eruption on the forearms is nearly exactly in the shape of the letter S. She was ordered to take half an ounce of Green's Mixture three times a day, and to apply mercurial ointment to the eruption. Mrs. S. W. did not reappear for ten days, and when she did the eruption on the face and arms had entirely disappeared, leaving copper-colored stains. She said that after taking the mixture for two days she became salivated, her teeth all became loose, and she was freely purged, so much so that she had to take to her bed from weakness; but on further inquiries, she told me that having a feeling of stiffness in her neck and back, she had rubbed the whole of the ointment (℥i) into these parts; this no doubt accounts for the rapid salivation. She now complains of sore throat, but on examination nothing can be seen. She was ordered to continue the Mixture in half doses and watch the effect. As she has not reappeared, I imagine she has had no return of the eruption. It is six months since I saw her.

CASE XI.—*Wound of back of Hand severing Tendons; Recovery.*—Jan. 27th, J. B., machinist, aged 22, whilst arranging a turning lathe, got his hand jammed in some of the iron-work. This caused a severe wound of the middle of the back of the right hand; the tendons of the middle and ring finger were completely severed, the fingers were flexed, the extensor tendon of the little finger was laid bare, but not divided, and power of movement was lost. It was quite cold and without feeling. The edges of the wound, which were considerably bruised, were brought together with carbolized catgut sutures, and the part covered by absorbent cotton wool soaked in flexile collodion; some dry absorbent cotton wool was placed over this, the hand placed on a splint of pasteboard, with fingers extended, and the whole carefully and evenly bandaged. He was told to leave the dressing as it was till his return in three days. When

he returned he complained of so much discomfort that I took off the dressings. I found the edges of the wound in a gangrenous condition (due, no doubt, to the bruising received at time of injury), and between the edges of the wound was a lot of fœtid pus. The back of the hand was a good deal swollen and quite red. The stitches were removed to relieve tension, and he was ordered to apply a charcoal and linseed poultice to the wound, and to keep splint applied as before. In three days he came back; on removing the poultice it was seen that the gangrenous portions had come away, leaving a clear, healthy, granulating sore, at the bottom of which could be seen the divided ends of the tendons throwing out long, thin processes. The wound was dressed with water dressings, and splint and bandage applied as before.

July 9th (13 days after the accident).—Wound much smaller and filling up rapidly. Patient can now extend the middle and ring fingers slightly; little finger still powerless, cold, and without sensation. Dressing re-applied.

On the 23rd of February the wound was completely healed, and he could extend his fingers fairly well, including the little finger, which was still cold and without sensation. Commenced passive motion a week ago; this has caused a good deal of pain and swelling over the back of the hand. Over the knuckles of the ring and little fingers there are two spots, without sensation, about the size of a sixpence.

I saw him again early in March, when he had very good use of his hand, and had been working at his trade for a week. There was but little sensation over the knuckle of the little finger, but the rest of the finger is quite normal as to sensation, and over the knuckle of the ring finger sensation is completely restored.

Remarks.—This case shows well how rapidly tendons unite, and the advantages of rest and position. There were evidences of fair union of the tendons in 13 days, and the man was able to go to his work in little over a month. The loss of sensation was due, of course, to division of the dorsal branch of the ulnar nerve, and the loss of power in little finger was due, I imagine, to bruising of the tendons. This case is instructive, also, with

regard to the union of nerves, showing that they unite as well, but not as rapidly, as tendons.

The failure of Gamgee's dry dressing was, I think, due to the nature of the case and not to the dressing; the gangrene would have occurred with any dressing.

CASE XII.—*Scrofulous disease of the Phalanges cured by rest.*—Georgina O., aged 22, a delicate, scrofulous-looking girl, came to the Hospital on December 9th, '79, with the following conditions present: The little finger of the left hand was enlarged, red, swollen and œdematous. The second phalangeal joint had several bruises about it, discharging a thin, sanious pus; on bending the joint grating was distinctly felt. The back of the hand was red, swollen and œdematous.

Three months ago she first felt stiffness and soreness of the joint; this was followed by acute pain, redness, and swelling, with loss of motion in the joint. Last July a similar condition of affairs was present in the ring finger, for which the surgeon then attending her amputated the finger. This case seemed to me to be a fit one for amputation, but, on second thoughts, I concluded to try the effect of rest for a time, so the hand was put up in a well padded splint of pasteboard, a simple dressing applied to the finger, and the whole carefully bandaged. She was also ordered ℥i of the Syr. Ferri Iod. three times a day. She returned on November 20th, having faithfully adhered to the treatment prescribed. The finger was very much better; the sinuses had healed up, and she could move the joint a little without causing any pain. There was still some inflammatory thickening about the joint; there was no swelling or redness of back of hand.

I saw her a few weeks ago, and at that time she had very good movement in the joint; all inflammatory thickening had disappeared. She feels very well, and has ceased to take the iron.

NOTE.—In the case of *Bursal Tumors*, reported in the January number of this *Journal*, I have still further to report that the woman has since returned with the tumors in a suppurating condition; the tumors discharge pus freely, and cause no pain. They are much reduced in size.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Case of Wound of Knee-Joint.—Antiseptic Dressing—Rapid Cure, without Inflammation.—Under DR. FENWICK. Reported by MR. R. DAWSON.

E. S., æt. 13, was admitted March 31, 1880.—The following facts show him to be of a scrofulous habit, and not favorable for the rapid healing of wounds. Two years ago he had a severe bruise on the right leg, which was nearly a year in getting quite better. For many months past has had irregular sores about the right side of the neck and beneath the chin. Some of these still present thick scabs and livid edges. His family history is good, with the exception of one sister, who has been affected with strumous ulcers on the neck, like himself.

Patient while playing in the yard, about half an hour before admission to the Hospital, tripped and fell forcibly on the stump of a square, glass bottle, which, cutting through his trowsers, wounded the leg. On being admitted, a clean cut wound was found below and to the outer side of the right patella. This communicated with the knee-joint, and was large enough to permit of the free introduction of the fore-finger into the knee-joint.

After examination, the wound was washed out with carbolic lotion, dressed antiseptically, and put in a McIntyre splint. Patient does not suffer from much pain in the part, and is comparatively comfortable. Temp. 100°.

April 2nd.—Dressing removed, and reapplied. Wound appears quite healthy, and is progressing favorably. No pain. Temp. 100°. *April 7th.*—Patient feels quite comfortable, and is not troubled with any pain or feverishness. *April 12th.*—Patient quite comfortable. No pain. *April 13th.*—Leg again dressed. Wound quite healthy, and healing rapidly. *April 20th.*—All dressings removed, as being no longer required. Scar is now about half an inch long, and slightly scabbed. Leg can be bent to an angle of about 135°, beyond this causes pain. *April 23rd.*—Was allowed to get up and hobble about the

ward. *April 25th.*—Has been up both yesterday and to-day. Uses his leg with freedom. Wound perfectly healed. No pain. *April 26th.*—Discharged. To take Syr. Ferri. Iodid. for his general condition.

Medical Cases under the care of Dr. Ross.

Case I.—*Violent Chorea, with Delirium and Insomnia following Acute Rheumatism and Heart Disease.*

E. E., a spare, delicate-looking girl of 15 years, and of good family history, has always been of a delicate and nervous habit, but very precocious in intellect. Has been subject to attacks of shortness of breath, pain in præcordial region, and dizziness in the head during the last two years. Menstruation not yet established. Five week previous to admission into Hospital was seized with a severe attack of acute rheumatism, with high fever and slight delirium. Two weeks later, began to suffer from violent involuntary movements of the tongue, face and limbs. Rheumatic condition in the meantime had much subsided, but there remained much weakness of body, increasing delirium, and great wakefulness. On admission, February 17th, '80, there were found to be jerking movements of the muscles of the arms and legs, but not of the tongue and face, with restless and fidgetty movements of the hands and fingers, and throwing about of the arms. These movements are slower than those of chorea often are, and are combined with some picking of the bedclothes, and are aggravated by drawing patient's attention to them. There is slight fever, much wakefulness, and transient delirium

The heart's impulse is strong; apex is seen and felt beating a little outside of normal situation; there is to be heard a loud mitral systolic murmur transmitted around left side of chest to the back.

Feb. 18.—Was ordered liq. arsenicalis gtt. iii daily by hypodermic injection, increased to 4 and then 5 drops, and a draught at bedtime of Pot. Bromid. 3ss and Tr. Valerian 3i.

Feb. 20.—Very restless, wakeful and talkative; much wandering and delirium; passes evacuations involuntarily; choreic movements somewhat improved. *26th.*—Great improvement in

movements, patient seeming to have almost complete control over them; there is still much mental disturbance, wakeful, talkative and wandering delirium Continues the arsenic.

March 13.—Patient discharged cured of the choreic movements, but still weak, flighty and excitable. Seen a month later; looked much better, had no return of the chorea, and mental condition much steadier.

CASE II.—*Rheumatism—Chorea—Temporary Cure by Arsenic.*—Harry P., a spare, delicate-looking lad, 15 years of age, of good family history, and of good previous history until present illness, admitted into hospital January 5th suffering from involuntary movements in the muscles of the body. These were first noticed a month previous to admission, following a severe attack of acute rheumatism. Movements are irregular, quick, and spasmodic in character, involving the muscles of the face, tongue, arms and legs, and keeping the whole body in a state of constant motion, aggravated by drawing attention to them, but ceasing entirely during sleep. No heart complications, and general health is otherwise fairly good.

Jan. 5.—Liq. Arsenicalis ♏ v, by hypodermic injection daily. 12*th.*—Condition much improved; twitching greatly diminished; is able to stand quite still for some moments, but the fingers and arms still keep up an almost constant twisting and jerking movement. 18*th.*—Not much change; slight nausea and vomiting caused by arsenic. 23*rd.*—Patient quite cured; movements have entirely ceased; discharged.

Patient was re-admitted, under Dr. Reddy, in the month of April following, suffering from a second and equally violent attack, and was treated by means of curare administered hypodermically in doses of $\frac{1}{10}$ of a grain daily during two weeks, and every other day for four weeks, and was again discharged free from all movements.

CASE III.—*Hemi-Choreic Movements (hysterical?) in a pregnant woman.*—L. C., æt. 18, a fairly nourished girl, is one of eight children, all of whom enjoy good health. Family history on father's side is good. Mother died from cancer of the womb.

Uncle on mother's side said to have died from epilepsy ; mother and sister subject to headaches of a neuralgic nature. Has always enjoyed good health up to 16 years of age; began to menstruate at 10 years, and continued regular till 16 years old, when she became very irregular, menstruating at intervals of two and three weeks, and sometimes every week ; when 14 years old, fell from a height of about ten feet, falling upon her head, and also hurting her back severely. At 16 years of age was treated for tapeworm, but none was seen until two months previous to admission, when a large quantity was evacuated. During these last two years suffered from frequent attacks of neuralgic pain in frontal region, back of neck and lumbar region, and extending down the extremities of the right side to hand and foot, and accompanied by a peculiar twitching of the fingers and toes, and of arm and leg. This condition has continued and become more severe up to the present time, with the exception of during the winter time, when it always disappeared, returning with increased severity with the return of warm weather. No improvement in the condition of patient after passing the tapeworm above-mentioned.

On admission, Oct. 3rd, '79, there was found to be an irregular nervous twitching of the muscles of forearm and fingers of right upper extremity, and of the leg and foot of same side, with partial dragging of the foot in walking ; spasms are most marked in the little finger, which is found almost constantly in the semi-flexed position. All these movements are absent during sleep. Muscles of face and body are not involved, although she says there was slight twitching of the lips and tongue during the six weeks previous to admission. Strength of arm and leg is much diminished, but tactile sensation is unaltered, nor is there any wasting of the muscles. Heart, lungs and kidneys are normal. Patient is five months advanced in pregnancy, and suffers also from obstinate constipation.

Oct. 5.—Liq. Arsenicalis ♏ viii twice daily, to be taken after meals. 13*th.*—Very slight improvement in hand and fingers, but movements in leg and foot are much diminished ; can walk with much greater ease, and pain is greatly lessened. 20*th.*—Movements in fingers and hand have ceased partially, and those of foot

and leg have disappeared entirely; pain has also left by aid of liniments. Discharged.

CASE IV.—*Clonic Spasm, or Choreic movements in face and neck.*—Mary B., æt. 40, a well-nourished woman of good family history, having no history of previous illness, and whose menstrual functions have always been regular, came under Dr. Ross' care on Dec. 5th, '79, suffering from a painful and spasmodic twitching of the muscles of the face and neck, commencing about three months previous to admission, with an involuntary closing of the orbicularis palpebrarum muscles at varying intervals and for a few seconds at a time; this increased in severity and frequency so that she soon was unable to keep the eye open sufficiently long to attend to her duties. Patient was quite well in every other respect, nor was there any soreness or sign of inflammation about the eye; these movements soon extended, involving the superficial muscles of the neck and face, which, on admission, were found to be in a state of clonic spasm, producing more or less inversion of the lower eyelid, and causing the features to assume a variety of contortions and grimaces. Movements were increased in frequency and severity upon the patient's drawing her attention to them; there was also a certain amount of tonic spasm of the sterno-mastoid muscles, especially on the right side, keeping the head in a position somewhat flexed upon the chest and drawn a little to the right side. The pain complained of was severe, dragging, and paroxysmal in character, and, together with the position in which the head remained, prevented the patient from maintaining the recumbent posture during sleep, at which time the movements were less severe, but never absent.

Liq. Arsenicalis ♏ v ordered to be given three times a day after meals, and 15 grains chloral at bedtime; Liniment Hospit. to be used on neck.

Dec. 17.—Spasms occur at much longer intervals; eyes kept open with comparative ease, and lids rarely inverted. Contortions less severe, but pain is still great.

Jan. 6th, '80.—The same treatment has been regularly continued. Eyelids act normally, except when spasm in neck occurs,

which is at much longer intervals than formerly, and to a lesser degree ; and pain has almost entirely disappeared, in which condition patient left Hospital.

Correspondence.

AMERICAN MEDICAL ASSOCIATION.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—The following account of the recent meeting of the American Medical Association may be of interest to your readers :—

The 31st meeting of this Society assembled on June 1st, in New York, in the Y.M.C.A. building. The gathering was an unusually large one : over 800 registered on the first day. The arrangements for registration and presenting of credentials were very bad—could not, in fact, have been worse. The first morning was devoted to the address and to general business.

Dr. Thomas gave a very excellent address of welcome, after which Dr. Sayre delivered his presidential speech, dealing chiefly with three subjects, viz., the benefits conferred upon the world by American surgery (not forgetting plaster of Paris), the advantages of the metrical system, and the gain which would accrue to the Association by the publication of a weekly journal (like the *Brit. Med. Jour.*) in place of the annual volume of transactions.

In the afternoon the work of the sections began. In obstetrics a considerable number were attracted by the two first papers on the list, both on spaying, by Dr. M. Sims and Dr. M. Pallen. Dr. Sims reported four cases operated upon for epileptic attacks, believed to be due to disturbance in the menstrual function, in several of the cases only coming on after a period. In two the operation was successful, the patients having no recurrence—(the operations have all been performed within the past eight months.) In one, death followed very soon after the operation, caused, Dr. S. believes, by hydrobromic ether. The patient was under its influence over 1½ hours, and took between 3 and 4 ozs. The fourth patient has not been cured by the operation. Dr. S.

has operated eleven times, uses stringent antiseptic precautions, makes the abdominal section, elevating the uterus by means of his pessary in order to facilitate the grasping of the ovaries, and ties the pedicle in 4 sections by means of carbolized silk sutures. Dr. Pallen followed with a record of additional cases. Returning later, I was just in time to find one of the delegates from Montreal explaining how it was that he had inadvertently come into collision with Dr. Battey touching the question of the priority of the performance of the operation. He made some very uncalled-for remarks about "the out-of-the-way situation of Montreal," its vicinity to Esquimaux-land, and the difficulty we had in obtaining access to the literature of the world! Many of the leading gynecologists were conspicuous by their absence during the discussion. Why does not some bold surgeon introduce the operation of gelding for many of the troubles to which the sterner sex are victims? I know an amiable and accomplished gentleman who suffers much mentally from ungratified sexual desire—(indeed, has been confined in an asylum)—and who is firmly convinced that the operation of castration would permanently relieve him. Would it be justified in such a case? Can we look forward to the time when there shall be specialists whose specific distinction shall be "spayers and gelders," as is seen on the signs of farriers in some of the country parts of England? In the medical section, the greater part of the time was occupied in the reading and discussion of Dr. Thompson's paper on the Classification of Remedies. Dr. Bartholow and Dr. Mary Putnam Jacobi were the chief critics of his views, and the clear, logical manner in which the latter explained her ideas on the subject was a most agreeable treat.

In the evening the profession of New York gave the Association a reception in the Academy of Music.

The morning of the second day was occupied with general business. On motion of Dr. Gross, the delegates from foreign countries were elected honorary members. The chairmen of the sections on medicine and surgery delivered addresses on their respective subjects. In the sections, Dr. Pepper read an interesting paper on the local treatment of pulmonary cavities by in-

jection with iodine and carbolic acid. The plan was tried in 17 cases, and in some it appeared beneficial; but a further trial was recommended before it could be generally adopted. Other papers were read on the treatment of scrofulous diseases of the skin with chlorate of potash, and on restorative medicines.

In the surgical section there was much of interest. A discussion on the puncture of joints; a paper on tapping the pericardium, by Dr. Roberts; on Thoracentesis, by Dr. Leale; and on Cystotomy, by Dr. Weir, for cystitis in the male. In all, 47 cases have been operated upon, most of them by the lateral lithotomy incision; 13 died, 10 of these by advanced kidney diseases.

In the obstetrical section, a good deal of discussion followed the reading of a paper "on the management of the third stage of abortion, with retention of placenta and membranes." Dr. Thomas read a paper on the extirpation of the uterus.

A section on diseases of children was organized, and Dr. Jacobi delivered an admirable address. Speaking of the multiplication of specialities, he asked, What is left for the general practitioner? The following is worth quoting at length: "The general practitioner will, in future, obtain, as the legitimate province of his practice, the male half of mankind and very old women, provided he will keep his hands off their eyes, ears, nervous systems, lungs and heart, urinary organs, venereal diseases, nose, pharynx, larynx, skin, hair and corns."

In the evening a complimentary entertainment was given in Booth's Theatre by Reed and Carnick, and one or two other leading wholesale drug-houses. Booth played *Iago*.

The morning of the third day was again occupied by general business and by the address on Medical Jurisprudence and State Medicine by Dr. Hibbard, of Richmond, Ind. The sections were very fully attended, and many of the papers of great interest, particularly the surgical one. Dr. Otis, on Pathology and Treatment of Syphilis; Dr. Piffard, on Lupus; Dr. Drysdale, of London, Eng., on Syphilis, and Dr. Martin, on the use of the Elastic Bandage. In the obstetrical section, a curious treatment of fibroids of the uterus was advocated by Dr. Hew-

son, of Philadelphia, viz., encasing the abdomen in dry earth. Dr. Battey reported a case of resuscitation in the case of a still birth, two hours and five minutes after delivery.

There was nothing of special note in the medical section; indeed, throughout the meeting the chief interest of the members seemed to be centred in the surgical and obstetrical sections.

Drs. Fordyce Barker and T. G. Thomas gave a reception in the Academy of Medicine, and Mr. August Belmont, another in his 5th Avenue Mansion; both were largely attended. On Friday there was a general meeting in the morning, after which many of the members went upon a grand steamboat excursion given by Wm. Wood & Co.

Altogether the meeting was a great success, and the profession in New York must be congratulated on the way in which the arrangements have been carried out. The hospitality shown was worthy of the metropolis of the continent.

W. O.

Reviews and Notices of Books.

The Microscope and Microscopical Technology. A Text-book for Physicians and Students.—By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and edited by GEO. R. CUTTER, M.D., Surgeon New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon St. Catherine and Williamsburgh Hospitals, &c. Illustrated by 388 engravings on wood. 8vo., pp. 660. Second edition. New York: Wm. Wood & Co.

This is probably the most complete and thorough of all modern books upon the microscope. Full and minute descriptions are given of the different forms of microscope and all their various portions and attachments. In this department allusion is to be found to all the little improvements and numerous inventions which have from time to time been suggested by some amongst the many workers with the instrument. Successive chapters are devoted to the subjects of staining, injecting and mounting microscopical objects. This portion of the work is very full, as

its importance demands: minute directions are given for the practical carrying out of all the various methods which have been devised for showing different objects and structures to advantage. From Chap. X. to Chap. XX. is then devoted to an exposition of the histology of the fluids (normal and abnormal) of the human body and of the various solid structures entering into its composition. To any one who works with the microscope in medicine, this book will be most valuable, as it gives all the assistance required in the *technique* with reference to any possible part or structure.

The translation is excellent, and the book, which is handsomely printed, is profusely illustrated with well-drawn woodcuts.

A Manual of Pathological Histology.—By V. CORNIL, Assist. Professor in the Faculty of Medicine of Paris, and L. RANVIER, Professor in the College of France. Translated, with notes and additions, by E. O. SHAKESPEARE, A.M., M.D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania, &c., and J. H. C. SIMES, M.D., Demonstrator of Pathological Histology and Lecturer on Histology in the University of Pennsylvania. With three hundred and sixty illustrations on wood. Philadelphia: Henry C. Lea.

All who are interested in practical scientific medicine will be glad to find that we are now in possession of an American translation of this great and deservedly celebrated work of Cornil and Ranvier. As widely read in its original French, it has been as widely recognized as one of the chief exponents of the views of that country upon pathology. Since it has been constructed to serve as a manual or text-book, it begins with a short chapter upon normal histology, which is followed by a second upon the general principles, including the alterations of cells and tissues. The great subjects of inflammation, and the classification and description of tumors, concludes the first part. In part II. is found a complete description of the pathological histology of organs and tissues; and in part III., a series of chapters dealing *seriatim* with the diseases of the various systems which make

up the entire human frame. In France the work appeared in several portions, extending from 1869 to 1876. So much has been developed by researches ever since the latter date, that it has been necessary for the translators to introduce occasional notes and explanatory remarks, which certainly add to the value of their work, the whole of which has been well performed.

Every student of pathology—and every practitioner ought to be a student of pathology—should have Cornil and Ranvier amongst his books, and he will find it invaluable for reference in working up his cases; in fact, a great deal of well condensed matter is collected together here which is not easily found in the same form anywhere else.

It is a handsome volume, the typographical part exceedingly good, and the numerous plates of microscopical preparations well prepared.

A Practical Treatise of Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences and Treatment.—By GEO. M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, Vice-President of the American Academy of Medicine, &c., &c. New York: Wm. Wood & Co.

There is probably no class of diseases so difficult to study in their symptomatology and causation as the functional affections of the nervous system, and Dr. Beard has deserved well of the medical public for the great care and ability with which he has pursued his investigations upon this subject. There are an immense number of persons, both men and women (but especially the latter), who complain of many apparently obscure nervous symptoms—are looked upon by their friends as fussy, and fond of taking medicine—are pooh-poohed by their doctors, and probably set down as hypochondriacs—and yet their sufferings are real, they are not fanciful, and it is only our want of the proper clue to their understanding that causes us to reject their claim to our sympathy and to our best efforts in assisting their recovery. It is something, even, to give a name to a disordered condition, if such exists, as a definite entity. Neurasthenia does so exist,

and it must be recognized, and no doubt will be fully admitted, as its features come to be better understood. At present, as the author says, the diagnosis is frequently presented in some such very indefinite terms as the following: "General debility," "nervous prostration," "spinal weakness," "spinal irritation," "nervous dyspepsia," "oxaluria," "cerebral and spinal anæmia and hyperæmia," &c.,—whereas, according to him, many of these are but individual symptoms of the general condition styled Neurasthenia. This affection is said to be "at once the most frequent, most interesting, and most neglected nervous disease of modern times." Dr. B. claims it as specially an American disease, owing to the high pressure under which life is carried on in the United States.

The book is full of original research and observation, and all the points as to symptoms, etiology and treatment are amply illustrated by cases which have come under the author's own observation. Every one should read it, and it will surely give much light upon many cases of nervous trouble which would otherwise remain obscure. We think any reader of experience in medical practice will, during the perusal, recall to mind patients for whom he could have done better if previously in possession of the facts and deductions here so fully explained.

Skin Diseases, including their definition, symptoms, diagnosis, prognosis, morbid anatomy, and treatment. A Manual for Students and Practitioners. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, and formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford street, Blackfriars. With illustrations. 8vo., pp. 320. Philadelphia: H. C. Lea.

The above is a handy volume of concise descriptions of all the diseases of the skin and its appendages. It was originally specially prepared for the writer's own class at St. Mary's Hospital, and will thus most commend itself to students. To the busy general practitioner, however, it will no doubt also prove very useful, as he can here find, in a condensed form, all essential information concerning these, to him, often trying and trouble

some complaints. The author's experience has evidently been extensive, and he loses no opportunity of adding to the interest of narration by allusions to actual cases come under his own observation. Numbers of formulæ are also introduced which have proved the most satisfactory in the hands of himself and others. It has been a difficult task to compress such a big subject into so small a space, but it would seem that Mr. Morris has fairly succeeded in so doing without omitting anything of real importance.

A Manual of Auscultation and Percussion, embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism.—By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in the Bellevue Hospital Medical College, &c., &c. Second edition, revised; 8vo., pp. 240. Philadelphia: Henry C. Lea.

The first proposition laid down by Prof. Flint with reference to the construction of this manual is "to simplify the subject as much as possible, avoiding all needless refinements." It is the degree in which he has succeeded in doing this that has given this book the considerable amount of popularity it has enjoyed since the issue of the first edition. The subject of physical diagnosis is just one of those which it is possible to amplify and refine upon until the substantial facts which are of real importance become lost or so mystified that the student fails to grasp and retain them. Another point held in view by the author is "to waive the discussion of the mechanism of signs, whenever this is open to discussion, taking the ground that our knowledge of the significance of signs rests solely on the constancy of their connection with the physical conditions which they represent." This takes away the polemic verbiage which is found in many such works, and leaves us with the salient practical and reliable proven facts. It is one of the best of text-books on physical diagnosis of the chest, being clear, concise, and eminently practical.

Pharmacology and Therapeutics, or Medicine Past and Present. The Goulstonian Lectures delivered before the College of Physicians in 1877.— By T. L. BRUNTON, M.D., F.R.C.P., F.R.S., Assist. Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co.

Dr. Brunton is an able and clear writer, and these lectures will be found very pleasant reading. "The object of the lectures was to show how the progress of therapeutics is aided by an exact knowledge of the action of drugs obtained by experiments." The first chapters are devoted to a *resumé* of medicine in the past, and the very slow progress made for a great length of time in ascertaining anything about the mode of action of drugs. It is shown how "the general action of many drugs has long been known, and some of the most graphic descriptions ever given of them are those of Nicander, of Colophon, but the analysis of their mode of action, like the study of microscopic anatomy, is of very recent origin." The original observations and deductions of Bichat and Magendie are described and contrasted with the very complete means of investigation adopted by those pursuing the subject at the present day. The importance of a complete acquaintance with Pathology is demonstrated by the necessity for making it the means of establishing a connection between clinical medicine and pharmacology. The concluding chapters treat of the functions of Respiration and Digestion, and the different medicinal agents which are found to control and modify them in various ways. To every practical physician the reading of these essays will furnish food for thought, and cannot fail to aid his attempts at the carrying out of rational therapeutics.

Our Homes.—By HENRY HARTSHORNE, A.M., M.D., formerly Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston.

This is an addition to the series of American Health Primers. It is an attempt to answer, in a popular way, the question, "How

shall we have healthy homes?" and the reply is contained in chapters as follows: Situation, Construction, Light, Warmth, Ventilation, Water Supply, Drainage, Disinfection and Population. All these important topics are treated of, and the best means pointed out by which the evils necessarily associated with city dwellings may be, and should be, obviated. The little book is pleasantly written, and cannot fail to assist in spreading amongst the people a true knowledge of practical sanitary science.

Books and Pamphlets Received.

Four volumes from Wm. Wood & Co., N.Y., being part of the series of "Wood's Medical Library" for 1880, viz., "The Venereal Diseases, including Stricture of the Male Urethra," by E. L. Keyes, M.D.; "A Treatise on Foreign Bodies in Surgical Practice," by Alfred Poulet, M.D., in two vols.; "A Handbook of Physical Diagnosis, comprising the Throat, Thorax and Abdomen," by Dr. Paul Guttman.

Sea Air and Sea Bathing. By John H. Packard, M.D. Philadelphia: Presley Blakiston.

A Practical Treatise on Sea-Sickness: its Symptoms, Nature and Treatment. By Geo. M. Beard, A.M., M.D. New York: E. B. Treat.

The Hysterical Element in Orthopœdic Surgery. By Newton M. Shaffer, M.D. New York: G. P. Putnam's Sons.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery. By Norman W. Kingsley, M.D.S., D.D.S., &c. With over 350 illustrations. New York: D. Appleton & Co.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., &c. With numerous additions and illustrations. By Henry Hartshorne, A.M., M.D. In three volumes. Vol. III., "Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive and Cutaneous Systems." Philadelphia: Henry C. Lea's Son & Co.

REPRINTS.

A Lecture on Median Lithotomy. By James L. Little, M.D., New York. ——*Aspiration of the Knee-Joint.* By Henry D. Marcy, A.M., M.D., Cambridge, Mass.——*Ovarian Tumors: at what stage of the disease is it the proper time to operate?* By Edward Borck, M.D, St. Louis, O.——*A Case of Compound Dislocation of the Wrist.* By Edward Borck, M.D., St. Louis, O. ——*Time of Conception and Duration of Pregnancy.* By Geo. J. Engelmann, M.D., St. Louis, O.——*A Case of Intra-Ovarian Pregnancy, with post-mortem examination.* By Talbot Jones, M.D., of St. Paul, Minn.—— *On Fluid Extracts,* as proposed for the coming Pharmacopœia. *Therapeutic Gazette.*

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting was held April 16th, 1880, the President in the chair.

Dr. James Cameron read a paper on the communicability of typhoid fever by milk, in Montreal, with special reference to one dairy on the Lachine Road. This dairy supplies some thirty families in the city, besides some large institutions, including the St. Lawrence Hall. It was ascertained by examination that out of the thirty families supplied by this milkman, thirteen of them had had typhoid fever since October, 1879. One notable feature connected with these cases was, that a number proved fatal, while those that finally recovered had repeated relapses. A case of typhoid fever had occurred at this milkman's house, prior to this outbreak. The well out of which water was taken for the dairy use, was situated in a manner and adjacent to the water-closet, so that the excreta placed there could easily be conveyed from one to the other. The quantity of milk supplied to the St. Lawrence Hall, was about twenty-five gallons a day.

Dr. F. W. Campbell said that he had had one case of typhoid fever at the St. Lawrence Hall, in October, a severe case which proved fatal. This source of typhoid was not a new one, yet newer than many of us think. It is a remarkable thing that not a single one of the latest and best text books (excepting Roberts') mention impure milk, or milk contaminated with typhoid germs, as a cause of the disease. Dr. Campbell mentioned that remarkable outbreak that occurred in a certain district in London, in 1874, when the family of the late Dr. Murchison were included in that outbreak, and where that medical man, after careful and persistent efforts, discovered the source of the trouble.

Dr. Reddy said six out of the cases mentioned by Dr. Cameron were under his care. Very severe relapses were noticeable in these cases. He had now four fresh cases in families supplied by the same milkman.

Dr. Girdwood said that he had water from this well in process of examination, but could not at present make a report on it. The position of the well from which the cattle were supplied, was such as to be easily contaminated from the drainage of the yard.

Dr. Osler said there are two points worthy of attention. There would appear here to be a continuous source of infection, extending over six months, in that it differs from recorded cases where the outbreak has been simultaneous and within a limited area. The second point was, whereas thirteen out of thirty families were affected, yet only one case is recorded in the St. Lawrence Hall.

Dr. Ross suggested the advisability of a more carefully prepared statistical report, in order to arrive at the true state of the case.

Dr. Hy. Howard said much of the city milk was brought from Longue Pointe. The cattle were watered from holes in the ice, and water was taken from this same source for household and dairy purposes. The water of the river in that vicinity must be much contaminated by the refuse and drainage of the city, and doubtless is also a cause of the propagation of this disease.

Dr. R. P. Howard expressed the indebtedness of the Society to Dr. Cameron for the evidence supplied on this subject, but there are so many points that arise, that Dr. Cameron would do well to further investigate these cases, especially as to the St. Lawrence Hall. This discussion would, doubtless, cause more attention to be given to the subject.

Mr. McEachran introduced for discussion "The Transmissibility of Tuberculosis from Animals to Man," particularly by milk, with the object of impressing the importance of regular inspection of the cattle in the dairies supplying the city with milk, as well as of the dairies themselves.

The experiments of continental investigators have so clearly established the close relationship between tuberculosis in man and in animals, and the possibility of the disease being in many ways transmitted from one to the other, that the guardians of

the public health would be perfectly justified in using every precaution against milk of tuberculous cows being sold for consumption.

He pointed out the necessity, also, for providing some means whereby proper scientific experiments could be conducted to test the statements of these foreign scientists, for at present we have but little else to guide us.

He described the experiments and different views of the French and German pathologists Villemin, Chauveau, St. Cry, Viseur, Klebs, Orth, Bollinger, and others, which adduced sufficient evidence of the transmissibility of this disease, by ingestion, inoculation, and inhalation of the virus, and particularly the danger from the use of milk from phthisical cows, to warrant the Society in passing resolutions recommending precautionary measures on the part of the Board of Health.

Dr. R. P. Howard, in opening the discussion, remarked that although the members of the Society were aware that the transmission of tuberculosis from animal to animal by milk, and possibly to the human subject, had, within late years, engaged the attention of scientific men, we were pleased that Mr. McEachran had brought the matter formally before us, no doubt with the view of learning the opinions of the members upon it. As Mr. McEachran's paper consists mainly of extracts from Dr. Vallin's recent article entitled, " Can the milk of phthisical cows produce tuberculosis," and advances no opinion of his own, one may venture to call in question very frankly the hasty conclusions which have been drawn by a few experimentalists in France and Germany, not agreed amongst themselves, upon so difficult and important a topic.

Before stating his objections to the inferences that have been drawn respecting the communication of tuberculosis from experiments upon the lower animals, he would remind the Society that these experiments claim to have proved that the inhalation of sputum from phthisical cavities, of simple bronchitic sputum, of particles of cheese, of pulverized brain, or even of cinnabar by dogs, rabbits and other animals, produces tuberculosis of the lungs, and that the *ingestion* of phthisical sputa, of catarrhal

sputa, of common pus, and of the milk of phthisical cows likewise produces tuberculosis in the lower animals.

Bearing these alleged results of experiment in mind, one may fairly object to the doctrine that the milk of phthisical cows transmits tuberculosis—

1st. That the resulting lesions cannot be attributed to any *specific* tuberculous nature of such milk, inasmuch as such unlike substances as phthisical sputum, catarrhal expectoration, ordinary pus, cheese and cinnabar produce the same lesions in these animals.

In one of Kleb's cases even *boiled* milk produced the same consequences as the same milk not boiled, and Zürn found that boiling tuberculous matter did not render it innocuous to the animal that ingested it. A boiling temperature, it is generally believed, will destroy the germs of the specific morbid poisons.

It is too wide and difficult a subject, even if it were necessary to my argument, to attempt an explanation of these results of experiments upon animals; and my

2nd. Point is, that even were it established that the milk of phthisical cows, when ingested, produces tuberculosis in calves and other animals, that would not warrrant the statement that such milk would have a like effect if ingested by the human subject.

3rd. Every animal has an organization proper to itself, and its own aptitudes and endowments as regards diseased actions. It must be shown—proved, not guessed—that the milk of tuberculous cows, drank by human beings, will impart tuberculosis to them, before it can be accepted as a fact.

4th. The irritation caused by a simple wound, by a seton of silver wire, or cotton, or paper, by the introduction of pus, cinnabar, etc., under the integuments, produces the so-called artificial tuberculosis in guinea-pigs, rabbits, and other animals; but what pathologist now maintains that such irritation produces tuberculosis in man?

5th. It has not yet been proved that tubercle itself is directly innoculable in the healthy human subject, although it may be admitted that when tubercle has been developed in the human

body it may enter the lymphatics or blood-vessels, and be thus propagated in near or in remote parts.

6th. It is not yet agreed amongst pathologists that in the human subject phthisis is contagious or communicable from person to person, although much may be said on the affirmative side of the question, and Weber's cases are very important. But even if phthisis be communicable through the semen, as syphilis is thought by some to be, fecundation and gestation are so essentially peculiar processes, that no analogical argument from them can, in the present state of knowledge, be safely applied to the explanation of diseases which are contagious or communicable in the ordinary modes.

7th. No reliable instance in which the milk of a phthisical cow has induced tuberculosis in the human subject is recorded. Even Bollinger, in his latest paper on this subject, claims to know of but one case, and he is frank enough to admit that it is only probable that the child had been fed upon the milk of a tuberculous cow.

8th. The circumstance that infants and children are not specially obnoxious to tuberculous disease, although their food is chiefly, and for the first year almost solely, milk, is strongly opposed to the theory in question.

When it has been proved that the milk of phthisical cows does induce tuberculosis in man, several questions will require solution,—such as, (1) Under what circumstances does such milk produce the disease? (2) Can it do so on healthy persons free from tuberculous or scrofulous predisposition? (3) If it can, is it from any quality, and if so, what quality, peculiar to such milk? (4) May other milk than that from tuberculous cows induce tuberculosis?

Such are some of the objections that, in my opinion, have to be satisfactorily met before medical men can properly affirm that the milk of phthisical cows will produce tuberculosis in human beings. But the subject is one of such great importance, and the interests at stake so serious, that until it can be shown that the theory in question is quite erroneous, we shall feel it our duty, as a Society, to urge upon the authorities the wisdom of

establishing an efficient system of inspecting not only the milk supplied to the citizens, but the sanitary state of the cows supplying the milk, and, indeed, the conditions of the dairies also.

Dr. Osler said the views expressed by the President were substantially the views of pathologists of the present day. Few animals have been experimented on. The subject is surrounded by many difficulties. It is notorious how many of these thoroughbred cattle have inflammation of the lungs, which ends in caseation, and this is reckoned by all veterinary surgeons as phthisis. The chief end of this discussion should result in a proper milk inspection, not only of the dairies, but of the milk brought into the city. In Berlin, a double set of officers are appointed to all the roads leading into that city, whose duty is to examine the milk, and good has resulted both there and in Paris.

The President nominated Drs. Osler, Ross and Larocque a committee to draw up a motion embodying the views of the Society on the subject of a pure milk supply, to be presented to the City Council.

The meeting then adjourned.

The regular meeting was held April 30th—the President in the chair.

On the part of the committee appointed at the last meeting, Dr. Ross moved, seconded by Dr. Osler, the following Resolution:

"Whereas it is universally admitted that a supply of pure milk is of paramount importance to the well-being of the community, particularly the infantile population; and whereas it has been amply proven that various diseases may be caused by, or communicated through, unwholesome or impure milk,—*Resolved:* That the Secretary be instructed, on the part of this Society, to urge upon the Board of Health the necessity of enforcing the existing By-Laws concerning the inspection of dairies and the examination of milk, and, further, of making arrangements to procure the periodical inspection of all milk-giving cattle and their surroundings by a competent Veterinary Surgeon, who should report at regular intervals to the Health Officer of the City."

Dr. Ross read the By-Law, and said that in considering the matter the committee had concluded that, in almost all essential matters, the By-Laws of the city already made ample provision for the enforcement of milk inspection, but that they had never

been acted upon, and had, in fact, been allowed to become a complete dead letter. The latter part of the resolution also alluded to another very important matter for which no arrangements were made by the existing regulations. The President thought that greater stress should be laid upon non-enforcement of By-Laws and an absence of proper milk inspection for the city. One officer should do the work. A Veterinary Surgeon should inspect the milk as well as the surroundings of the cattle, and also the relations of privies to wells, and such like sanitary matters. The health officers would no doubt gladly delegate this to another officer. After remarks by several other members, the resolution was put and unanimously carried.

Dr. Osler presented to the Society a case of peculiar heart-murmur. The special feature here presented was that, in the ordinary position, sitting or standing, no murmur was audible, but on bending slightly forwards a loud musical murmur was at once developed. This varied in intensity at different times, but sometimes was loud enough to be heard several feet away from the patient. These facts were verified by all the members present. There was no hypertrophy and no other evidence of cardiac disease. The sound and the position of the girl's body in which it was loudest, had been noticed by herself and her friends. Ebstein mentions several cases of very loud murmurs heard at a distance, most of them connected with mitral stenosis, only three in which there was no disease. Dr. Osler cannot account for the murmur, but thinks, perhaps, it arises from an unusually flexible chest and pressure thus exerted on the pulmonary artery and aorta. Dr. Ross suggested that it might possibly be explained by the existence of some loosely peduculated body hanging inside the heart in such a way that, only in certain positions, it would fall into the blood-current and develop a murmur. At all other times, of course, there was none. He had had a patient last last year in the General Hospital in whom there was a loud apex murmur when sitting up, none at all on lying down. The President rather favored the idea that it was most likely due to bending of the costal cartilages and pressure on the pulmonary artery.

Dr. R. P. Howard read a paper upon a case of Fibroid degeneration of the heart. (This paper will appear in our next number.)

Dr. Osler said that he had only met with one other case, although the apex of the papillary muscles are often affected with fibroid degeneration. A very common condition is the development of milky patches in the pericardium, but here the fibroid change does not extend into the subjacent muscle.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Hysteria in Young Girls.—Dr. Wm. Goodell recommends the following for hysterics in young girls:—

"When you are called to treat a young girl with an hysterical attack, there are three things which you had better do: 1st, Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. 2nd, Administer an emetic. I have found that a woman who is well uuder the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. 3rd, And this method of controlling the spasm will often act charmingly: take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

"When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafœtida,—none of your small two or three grain doses, but ten grains all at once."

Symmetrical Gangrene of the Feet in Typhoid Fever.—Dr. Richard reports the following observation in the *France Medicale*:—Four young persons, brothers and a sister, living at Philippeville under the same roof, were attacked with typhoid fever. Two of these patients presented a condition of symmetrical dry gangrene of the lower

extremities, superficial gangrene which resulted neither in death nor in loss of the affected members, but only in partial and spontaneous separation and dropping off of the toes. Dr. Richard compares this form of gangrene to that described by M. Maurice Reynaud under the title of symmetrical gangrene of the extremities, and he thinks they should be regarded as of spinal origin. These cases, therefore, should come under the history of the spinal form of typhoid fever. One of the patients presented, besides the symmetrical gangrene, signs of myelitis, hyperæsthesia, paresis of the lower extremities, interference with micturition,—all which supports the idea of this mode of origin.

Accidents observed to follow Thoracentesis by Aspiration.—N. P. Dundridge, M. D. (Cincinnati *Lancet and Clinic*, Jan. 3, 1880), thus closes an article under the above caption: The statement that this operation, mentioned in the caption, is a trivial operation, entirely devoid of danger, is to be most strongly condemned, while the practice which would undertake its performance without due regard to the conditions and surroundings, which would render accessible the most efficient means for combating any unpleasant consequences which might arise, is certainly not justifiable. Syncope has developed half an hour or more after aspiration has been performed, so that the operation should only be undertaken when complete rest and repose can be secured after its performance, for the least exertion might determine an accident, otherwise avoidable, which may prove fatal. The doctor feels himself justified in formulating the following as the accidents which have followed, thoracentesis for pleuritic effusions, Some of these may be considered as mere concomitants of the puncture. Others must be held to be more or less dependent upon the operation or the measures by which it was followed; Syncope, fatal or transient, due either to reflex action or to the paralyzing influence on the heart walls of the sudden removal of the pressure of the effusion. Convulsions dependent upon reflex action or due to minute emboli in the cerebral vessels. Pulmonary congestion and œdema, suddenly developed, either

with or without the rapid accumulation of serous exudation into the bronchial tubes and producing asphyxia. Embolic obstruction of the pulmonary artery of the sound lung. Embolic processes in various organs and of various grades of severity, which have their origin in clots previously in the pulmonary veins of the compressed lung. These last, when they occur at the time of or soon after the operation, may have been excited by it. When they develop days afterwards, they must be held as incidents of the original trouble, and in no way connected with the operative measures taken. In this *resumé* mention of a transformation of a serous into a purulent effusion is purposely omitted, because it was thought that the proof is insufficient to hold the operation responsible for the change from serum to pus. No case of serious accident from wounding the lung seems to be recorded. While the conclusions are not new, the doctor thinks that they will bear repetition, and that surgeons cannot be too careful in undertaking this operation.—*Detroit Lancet.*

Through Drainage in the Treatment of Open Wounds.—Dr. Thos. M. Markoe presents an extended and elaborate article upon this subject in the April number of the *American Journal of Medical Sciences.* He first discusses the Lister treatment of wounds, taking ground directly against Lister's theory, and in part against his practice. Mr. Lister asserts that all the evils, local and general, that result from wounds are caused by the presence of bacteria, which set up inflammatory or destructive action in the wound, and entering the system lead to fever and other constitutional disturbances. Dr. Markoe shows that while this view has never been practically proved, there are certainly other influences which modify the course of the local affection, as well as the general condition of the patient. Among these are extensive laceration of the parts, overheating or chilling the same, and irritation by foreign substances, all which may so impair the vitality as to make reparative and perhaps even inflammatory action impossible. Furthermore, as regards the constitutional condition, it is certain that

such complications as tetanus, convulsions, and neuralgias cannot be caused by bacteric infection.

Having shown that the Lister theory is insufficient, Dr. Markoe proceeds to argue that the practical methods employed by that surgeon may secure their acknowledged good results in another way than by simply destroying bacteria and preventing putrefaction. On this point the belief is asserted that carbolic acid has a special action in allaying inflammation and promoting repair. What this special action is cannot be explained, but it is known that carbolic acid depresses the vital activity of bioplasm.

Referring to the details of Lister's dressing, the writer is of opinion that many of them are unnecessary, and sometimes even actually injurious. They are also cumbersome and expensive. The thick and heavy wrappings will at times retain the secretions, heat the part, and lead to bad results.

On the whole, Dr. Markoe avers the belief that the theory of Lister is insufficient and unproven; and that the good practical results are due to the specific action of carbolic acid and the surgical cleanliness which the treatment demands.

The mode of treating wounds, which the writer had been employing for ten months in Roosevelt and New York Hospitals, is then described. It consists in passing rubber drainage tubes into the wound, making counter-openings, when necessary to secure free drainage, and covering the whole with a few layers of carbolized gauze. Carbolized water is then injected through the tubes at first during every two or three hours; after this less frequently. Fifty-two cases are cited illustrating the good results of this treatment. In almost every instance there was but little traumatic fever, the wound was not painful, and reparative action soon set in. The treatment seems to be of especial value in compound fracture. Here counter-openings are generally made, and plaster-of-Paris bandages with fenestra then applied.—*N. Y. Med. Record.*

Iodoform Narcosis.— Dr. Oberlander reports two cases which confirm the experiment of Binz on the narcotic action of Iodoform. A syphilitic woman had taken twenty-four

grammes of the drug, in pills of one centigramme, in 80 days. Suddenly she was seized with weakness, vertigo, and diplopia, and fell, after two days, into a profound sleep, which, after 36 hours, was followed by nervous exaltation, severe cephalagia, delirium, and disordered speech. Then followed a period of weakness and staggering; then the cephalalgia, vertigo and diplopia re-appeared. All this lasted two weeks. In the second case the syphilitic woman was aged 69, and presented symptoms of poisoning in seven days after having taken about 5 grammes. The sleep continued five days, and was followed for several weeks by a sensation of debility and vertigo.—(*Zeit. f. prakt. Med.*, 1879.)—*N. Y. Med. Journal.*

Hydrate of Chloral in Acute Gastro-Enteritis of Children.—Prof. Adolph Kjellberg writes, in *Nordjskt Medicinskt Arkive*, vol. xi., No. 3, that there is no medicine which is of so much use as chloral in checking the vomiting in acute gastro-enteritis of children. Being rapidly absorbed it stops the vomiting, calms the patient, and often checks the diarrhœa. It is best given by enema, so as not to risk its rejection by the irritable stomach. It should be given soon after the bowels have been moved. The dose for a child of from five to six months is twenty-five to thirty centigrams (three and a half to four grains), while to a child of from twelve to fifteen months, fifty to sixty centigrams (seven to eight and a half grains) may be given. The bulk of the injection should not exceed a dessertspoonful. The enemata may be repeated two or three times daily, and the dose may be increased if it is found necessary. In order to increase the effect of the chloral the author generally adds to each enema a drop of the tinct. opii, and if stimulants be indicated, five to fiteen drops of liq. Hoffman. At the same time other remedies are not neglected; iced water, or cognac, or champagne for the vomiting, opium for the diarrhœa, hot mustard baths for albuminuria, should it occur, stimulants for collapse, etc.

—Seven medical students have fallen victims to diphtheria, in Paris, caught while attending the Hôpital des Enfants-Malades of that city.

CANADA

Medical and Surgical Journal.

MONTREAL, JUNE, 1880.

OUR MEDICAL SOCIETY.

On the 27th of last month the Medico-Chirurgical Society of Montreal held their first meeting in their own Rooms. This marks an era in the history of the Society, and we offer the President and members our sincere congratulations upon the event. From the time this association was resuscitated in the year 1870 until the present date, their meetings have been held in the Library of the Natural History Society. This room, though conveniently situated and otherwise suitable for the purpose, yet did not furnish such accommodation as was felt to desirable. There has thus for some time past been a feeling that an effort should be made to provide a local habitation better suited to the wants of this important association. Some months ago a very favorable offer was made by the proprietors of the building now occupied, and a committee was formed, presided over by Dr. F. W. Campbell, to carry out the required arrangements. The site is excellent, at the corner of Phillips' Square and St. Catherine Street, facing the English Cathedral, and thus centrally placed for all the members. Some necessary alterations in the rooms were made, and a sufficient sum quickly raised by private subscription to cover the expense of furniture and fittings. In executing their task the committee displayed much good taste, and won universal commendation. The rooms are three in number, one of fairly good dimensions (but unfortunately rather wanting in height) which will amply accommodate the general meetings, a second, fitted as a library, and the third a small anteroom. A Medical Library of reference

open to all has long been a desideratum. It is again our friend Dr. Fenwick, so many years editor of this *Journal*, who has come forward, with his usual generosity, and presented the Society with the very substantial nucleus of 100 or more volumes of the most important periodicals of late years. For this handsome donation Dr. Fenwick deserves the thanks of the Profession of this city, and it is to be hoped that other members will not fail to follow the public-spirited example thus set them.

The first meeting in the new rooms was well attended, and the evening was very profitably and pleasantly spent. Encouraging speeches were made by the President and others, alluding to the decided improvement in the quantity and quality of work done of late by the Society, and also to the rapid increase of membership and markedly large numbers now attending and taking part in the regular meetings. A pleasing feature was the presence of Dr. Mount, President of the Societé Medicale, and two other gentlemen representing the same association. It has often been regretted that the English and the French Societies of this city keep so exclusively apart. We hope this official visit of their presiding officer will only be the prelude to a better *entente cordiale* in the future.

THE TRIENNIAL MEETING.

The triennial meeting of the College of Physicians and Surgeons of the Province of Quebec, will be held in Montreal on the 14th July next. The object of the meeting is chiefly for the purpose of electing forty Governors. Every practitioner should feel that he is interested in the *personel* of the Provincial Board. Once elected they have very extended powers in the way of regulating all matters pertaining to the study and practice of medicine in the Province. Every one, therefore, should see that he is represented in the meeting. All who can come, should. If prevented, however, they should take care to furnish some friend with the necessary proxy. As this is the first time that the law on this subject has come into force, we would draw attention to its requirements. *First.* To be entitled to

vote, all arrears to the College must be paid up before the 1st July. It will be remembered that every member is indebted to the Provincial College in the sum of $2.00 annually. It is probable that a good many have not attended to this matter since the last election. Such, therefore, must transmit $6.00. Payments are made to Dr. Larue, Registrar, Quebec. *Secondly.* A proxy must be witnessed by one witness. *Thirdly.* All proxies must be first sent to the Registrar, Dr. Larue, in order to be *visé'd* by him, after which they will be forwarded to the party mentioned on the face of the same. They must be received by him *before the 1st July.* All who are desirous of escaping disfranchisement will therefore do well to observe carefully the foregoing regulations.

Coroner's Inquests.—A new Bill is at present before the Provincial Legislature concerning Coroner's Inquests. It has been quite plain since last session that an alteration in the law was necessary, to furnish some latitude for the discretion of the coroner. It is now proposed to allow him to hold inquests on any case in which he fyles a declaration that from information received by him he believes that death has occurred "under such circumstances as require investigation." This would obviate the unseemly occurrences which have been only too frequent of late in various parts of the Province. Section 6 provides that "the body of any pauper shall be buried at the expense of the city, village, &c., in which he may happen to have died." We should like to see an amendment made to this, so that in cities where schools of medicine are situated the Inspector of Anatomy should be notified of the deaths of all paupers, and should then give over such bodies for dissection to the different schools after the manner provided for in the Anatomy Act.

Plagiarism.—It is a bad practice rather too common in this country, but long condemned in England and elsewhere, for writers of papers to cause their communications to appear almost simultaneously in two or more periodicals. The impropriety of this proceeding, and the injustice to readers, has often been

pointed out. This is bad enough, but how are we to explain the following? Three months ago there was published and widely-circulated amongst the Canadian profession a volume of Reports from the Montreal General Hospital. It included a detailed account of a case of spinal apoplexy, by Dr. Geo. Wilkins. In the issue of the 3rd June the *Canada Medical Record* reproduces this entire article under the misleading heading of "*Original Communications*," just as though it had never before seen the light. We are willing to believe that such instances of wholesale plagiarism are not often to be found.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of this Association was held in New York on the first four days of this month. For an account of the proceedings we refer our readers to the letter of a correspondent on another page.

MONTREAL GENERAL HOSPITAL.—The annual meeting of the Governors of this Institution was held on the 20th ult. As no resignation was received from any member of the attending staff, as had been expected, no election was held, and the existing members were reappointed as usual.

Medical Items.

PERSONAL.—T. G. Hockridge, M.D. (McGill), has passed the examination and obtained the qualification of Member of the Royal College of Surgeons of England.

UNION OF INTRA-CAPSULAR FRACTURE OF THE FEMUR.—A suit for $100,000 was recently brought against two Brooklyn physicians for malpractice. The alleged *malapraxis* consisted in treating for contusion what was subsequently asserted by other surgeons to have been an intra-capsular fracture. The trial, which resulted in acquittal, developed some sparring amongst the medical witnesses upon the subject of the possibility of osseous union occurring in these fractures. Dr. Carnochan, for for the prosecution, produced a specimen in which he had made this diagnosis, and still believed bony union to have followed.

Dr. Frank H. Hamilton, on the other side, maintained that there was either no fracture, or else it was extra-capsular, for he did not believe that intra-capsular union ever took place. The Court allowed him to saw the bone in two, when it was clearly shown, to the discomfiture of the exhibitor, that there was a fracture, but it was without the capsule.

—The *Maryland Medical Journal* says:—"Listerism, pure and simple, it is stated, is dying out in New York city. It is employed in New York and Roosevelt hospitals by only one surgeon. It is but little used in Bellevue, Presbyterian, St. Luke's and St. Francis hospitals. At the Woman's Hospital it is applied as a rule in ovariotomy, but not always. In Baltimore it has never been generally employed, its use being confined to one or two test cases. This is due to the great inconvenience attending the use of the spray, and to the fact that thorough cleansing and drainage have been considered the only essential results secured by these methods, being as good as those effected by the employment of Listerism in all its details."

Cæsarean Section Extraordinary.—The *Wiener Med. Wochenschrift*, No. 13, 1880, gives the following anecdote, on what appears to be unquestionable authority: A poor woman at Prischtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again, after the removal of the child! And now, after several months, mother and child are doing perfectly well.

—Amongst the many preparations which have of late been used with success in Cholera Infantum we would mention *Lacto-peptine*. This has proved itself a very valuable aid to digestion in various forms of stomachal and intestinal derangements, and in the last-mentioned complaint is very highly spoken of by many who have used it quite extensively.

—We direct the attention of our readers to the advertisement of Tees & Co. Their revolving desks are very useful for medical men, and will be found a great convenience.

CANADA

MEDICAL & SURGICAL JOURNAL

JULY, 1880.

Original Communications.

A CASE OF FIBROID DISEASE OF THE HEART.

WITH OBSERVATIONS UPON THE GENERAL PATHOLOGY OF FIBROSIS.

By R. P. HOWARD, M.D., L.R.C.S.E.,
Professor Theory and Practice of Medicine, McGill University.

[A Paper read before the Medico-Chirurgical Society of Montreal.]

GENTLEMEN,—As this Society combines the features of a clinical and pathological, as well as of a medico-chirurgical and obstetrical society, it may not be out of place to bring before its members the clinical and pathological facts of a case of Fibroid Transformation of the Heart which not long ago has been under my care. Although not a very rare affection, it is a comparatively infrequent one, so that private practitioners have not many opportunities of seeing an example of the disease, which, moreover, is usually, as it was in this very instance, mistaken for fatty degeneration of the heart.

Mr. H. H. W., aged 60, of sedentary habits for the last 15 years, but previously a very active merchant and politician, consulted me first on the 11th September, 1874, respecting an attack he had had for the first time a night or two before. About bedtime he was suddenly seized with urgent dyspnœa, threatening suffocation, as it appeared to him; an incessant cough followed promptly, and in 15 or 20 minutes he expectorated large quantities of very frothy white mucus, and the orthopnœa disappeared.

His complexion was rather waxy-looking, features anxious, and his general appearance suggested failing health.

On enquiry, I learned that over 30 years before he had had a cough, attended with other symptoms of such import, that his physician had ordered a sea voyage, which he took, and returned in a few months quite recovered; that with that exception he had never had any serious illness, and, especially, had not had rheumatic fever; that about 8 years ago, after walking half-a-mile up a slight incline to the St. Anne's station, he experienced for the first time great dyspnœa, with distress at the precordia, and from that time felt it necessary to take his time in walking, so that he occasionally missed the train, although he had arranged his breakfast hour so as to secure sufficient time for his morning walk to the station. Upon another occasion, two years later, when walking up Beaver Hall Hill, he was obliged to stop for some time from dyspnœa and precordial distress. His then medical attendant advised him to avoid going up hills and fast walking, advice which he has since then observed.

On careful examination of the heart at the time of his first visit, I found the impulse and sounds feeble, and a faint systolic murmur confined to the region of the left apex; made a record of "weak heart," and prescribed treatment in accordance with that view. The sudden attacks of dyspnœa above described recurred several times during '75 and '76, and he had on two or three occasions attacks of what seemed to be mild bronchitis. His breathing continued to be somewhat short in walking, and he used a lift in going to the upper rooms of the building in which his office was.

Re-examined in October, '75; the signs of "weak heart" were observed. In March, '76, the nitrite of amyl was prescribed to relieve short attacks of dyspnœa and cardiac distress; and quinine, with nux vomica, were given. In May, '76, he consulted me for a cough which had recently supervened, and took with benefit the hypophosphite of soda, ammonia and lactucarium. He had been free from the sudden attacks of orthopnœa for a considerable time, but not in other respects as he had been, and I regarded him as the subject of fatty degeneration of the heart.

He returned to the city from his summer residence (in Lachine) on the 17th September, '76, and sent for me on the 18th. His condition was then as follows: Marked œdema of both legs to knees; none of scrotum; moderate ascites; physical signs of effusion in the lower half of the right pleura; not a sign of any in the left; cardiac impulse feeble, apex beat just within line of nipple at 6th rib; superficial cardiac dulness somewhat increased to left; cardiac sounds feeble, and *free* from murmur. Complexion very waxy and sallow; pulse very compressible, of medium volume, and at times intermitting; one or two beats in the minute omitted. He says that his ankles have been swelling for several weeks past, that his breathing has been gradually becoming more difficult, and he has been inclined to sleep chiefly upon the right side. He has not had a sudden attack of pain in it, or any illness suggestive of pleurisy. Urine rather scanty, very high colored, and depositing purplish-pink lithates abundantly; contains moderate amount of albumen. The diagnosis then made was "right hydro-thorax, ascites and anasarca, probably due to weak, fatty heart; no valvular lesion present."

The treatment employed consisted of digitalis, in combination with saline diuretics, and these agents were varied from time to time. The most important vegetable and saline remedies of the class all being tried in their turn, without any marked effect on the urine. Occasional hydrogogues (elaterium, resin of scammony and the acid tartrate of potash, the compound powder of jalap, etc.) were given as the anasarca and pleuritic effusion increased. A generous diet, perchloride of iron and quinine, belladonna and quinine were also employed perseveringly from time to time. Under these measures the ascites remained stationary, but the anasarca and hydrothorax increased, the line of dulness reaching the 2nd rib, and with the assistance of Dr. Campbell (who had on a previous occasion, in consultation with me, confirmed the above diagnosis), I removed from the right pleura, with the aspirator, 3 pints of transparent citron-colored serum. We thought it prudent, mainly on account of the weak heart, not to exceed that amount at the first tapping. A good deal of pain set in that night in the right back, in the neighbor-

hood of the puncture, attended with a feeling of great constriction across the chest, and for three days he did not feel at all as comfortable as he had felt before the operation.

The reduction of the pleuritic effusion was not followed by an increased secretion of urine, although his thirst was very much augmented, nor by any improvement in the color of the skin, which had been somewhat icteroid for several weeks.

Although the jugular veins were habitually distended, and visibly pulsated, and filled up from below when compressed by the finger, at no time could a tricuspid murmur be heard; nor was the slight murmur formerly heard in the "mitral area" perceptible after he came under observation with the dropsy. His pulse generally ranged about 90, although towards the close it reached 108 and 118. Its volume continued fair, and its rhythm was but occasionally disturbed by an intermission or two in a minute.

On the 26th the fluid in right pleura again was on a level with the second rib; no effusion could be detected in the left chest; the œdema in the back and lower extremities was very considerable, and a couple of acupunctures in either ankle were made, and flannel rollers applied. The fluid escaped in moderate quantities; he soon became unusually drowsy and much weaker; his mind wandered, and he died exhausted three days afterwards. No redness of the skin at the site of puncture had supervened.

Dr. Osler conducted the autopsy. Considerable œdema of thighs and legs remaining. Subicteroid color of surface.

Thorax.—Drew off about 7 or 8 pints citron-colored transparent serum from right pleural cavity through a trocar. Right pleura is deeply injected, and some shreds and flakes of *recent* lymph are found at the posterior and inferior regions, as well as two or three broad bands of recent false membrane dividing the pleural cavity into loculi. No fluid in left pleura. A very old adhesion at base of left lung. Left lung presents very slight puckering and fibroid thickening of pleura at extreme apex. The right apex is exempt. A peculiarity of right upper lobe is that it is *bifid* vertically, the smaller lobe being posterior and

external to the larger. Whole right lung except about the upper fourth is carnified. Pericardium contains 2 or 3 ozs. transparent citron-colored serum; substance is unusually thick and resisting. All heart's cavities distended wfth blood, as well as the great veins. White patch on *front of left ventricle towards the apex*. Some white coagula closely adherent to lining of right appendix auriculæ. Rest of blood in auricle and right ventricle black and coagulated. Colorless clot in pulmonary artery. Tricuspid orifice very large—5½ inches in circumference. Tricuspid and pulmonary segments normal. Coagula in some of the pulmonary veins and left auricle. Besides large soft black clots in left ventricle, a layer of yellow stratified fibrin about ¾ inch thick adheres to lining of left ventricle and covers about the inferior two-thirds of its anterior wall, whence it extends somewhat over the septum. On section, about the internal half of the wall of the ventricle at the site of the adhering fibrin, has lost its muscular appearance and color, and is anæmic, of pale grey hue, and tough, crunching under the knife. The outer half of the wall appears to be normal, and the whole thickness of the ventricle above this grey area is of healthy appearance. The columnæ carneæ at their basic attachments appear whitish, firm and fibroid on section. The entire thickness of the septum ventriculorum is on section greyish white, firm and tough—fibroid looking. Mitral valve healthy. Aortic segments thickened at their base, and a narrow calcareous ring at the insertion of one of them. Their free margins normal and the valve competent. Aorta from heart to iliacs studded with atheromatous patches.

Abdomen.—About two pints transparent serum without flocculi in peritoneum. Spleen very firm, cuts crisply and with considerable resistance. Liver has very few irregularities on its surface, is tough and firm—very congested and nutmegged. No calculi in gall bladder. Both kidneys of normal size, thick, firm, coarse on section, and congested venously; their capsules above average thickness, but peel off without tearing cortex. Intestines appear healthy.

Brain not examined.

Dr. Osler kindly examined the diseased heart muscle. Microscopical examination of the portion involving the septum near the apex showed it to be made up of ordinary connective tissue fibres, arranged in wavy bundles, with very few corpuscles or fibre cells. In the greater part of the area no trace of muscle substance is found, but at the margins the new growth is seen penetrating between the muscle fibres, some of which are completely cut off and isolated. The endocardium over the spot is thickened. Many of the muscle fibres in contiguous parts presented brown granules and fatty molecules.

There are several points of interest in this case, upon some of which I will offer a few remarks.

The opinion formed of the nature of the case when it first came under my observation was weakness of the heart—probably from fatty degeneration—an opinion based upon the following combination of clinical facts:—Weak impulse and sounds of the heart, without evidences of decided dilatation of the ventricles; occurrence for the first time eight years previously of symptoms like those of angina while walking up a slight incline, and ever after a sense of dyspnœa when walking; recurrence of similar symptoms of angina two years after the first seizure, and under like circumstances; sudden attacks of severe orthopnœa, terminating in expectoration of frothy mucus, yet not due to spasmodic asthma, nor to marked valvular or aortic disease, nor to dilatation of the heart; and a peculiarly sallow complexion and anxious and sad expression of countenance. It is true there was a faint systolic murmur in the mitral area, but the other accompaniments and sequences of valvular disease of at least eight years' standing (which there must have been to account for the features of the case) were wanting, and there was no history of an attack of acute rheumatism. The probability, then, was largely in favor of the existence of fatty degeneration of the heart, for the symptoms and signs which obtained are amongst the most reliable and constant of those met with in that affection. However, I am of opinion that the diagnosis of fatty degeneration of the heart just named cannot itself be pronounced with the scientific certi-

tude that affections of the valves and the more common alterations of the walls of the heart may be. The diagnosis must very often be one of probability rather than of certainty. The case under review proved to be one of fibroid disease, an affection which can seldom, if ever, be diagnosticated from the former alteration, and indeed is very apt to be discovered only after death. It has no constant group of symptoms or signs.

One great English authority, Walshe, speaking of cirrhosis of the walls of the ventricles, states that "it is not revealed by either symptoms or signs, unless it have proceeded to such lengths as to have induced aneurismal pouching," etc. (Disease of the Heart, 4th edition, p. 359.) Friedreich says that in extensive fibroid degeneration of the left ventricle "we have most frequently observed phenomena explicable by an insufficiency of contractile power in the heart"; and further on remarks that "it is easy to see that these phenomena do not in any manner permit it to be concluded with probability that a chronic myocarditis (*i.e.*, fibroid degeneration) exists," etc.

To quote anothor recent authority. Prof. Schrœtter observes: "It would only be possible to diagnosticate chronic myocarditis when we could with certainty exclude all other diseases of the heart which cause the same or similar symptoms, and especially fatty degeneration; this we could scarcely succeed in doing." (Ziemssen's Cycloped. Pract. Med., Vol. VI., p. 242.) It will probably be admitted that I have cited sufficient authority to prove the difficulty, if not impossibility, of recognizing fibroid degeneration of the heart during life, and two of our latest English authors, Balfour and Hayden, might be adduced on the same side.

Fibroid degeneration of the heart occurs as a localized and as a general alteration of the heart.

(*a*) The localized form obtains most frequently in the papillary muscles of the left ventricle, usually along with chronic disease of the mitral valve, and this is the only form that has frequently come under my own observation.

(*b*) It is more rarely found affecting circumscribed portions of the walls of the left ventricle, and manifests a singular and ill

understood preference for the *anterior* wall in the neighborhood of the apex and the adjoining septum, as in the case now under consideration. It may be, as some morbid anatomists suppose, that in both these varieties the process begins in the *endocardium* lining the valves in one case, and the ventricular walls in the other, or in the pericardium, whence it extends to the musculature of the heart and its connective tissue. But not unfrequently the reverse appears to be true, viz., that the disease begins in the myocardium and thence extends to the endo- or the pericardium.

(*c*) As regards the frequency with which the respective sides of the heart suffer, authorities differ—Wilks maintaining that, combined with hypertrophy, it is far more common in the right than in the left ventricle, while Friedreich, Green and others allege that it is more frequent in the left, and that when present in the right, the same change, but in more marked degree, also exists in the left heart and septum. When the degeneration co-exists with chronic pericarditis, it is said by some to thus implicate both sides of the heart.

(*d*) A still more rare form of localized fibroid transformation presents itself as an annular induration of the upper part of the *conus arteriæ pulmonalis*, which produces a real cardiac stenosis. This form, very rare in adults, is more frequently met with in early fœtal life.

II. The *generalized* fibroid transformation, in which all the walls of the heart are the seat of excessive development of fibroid tissue, was described by Sir Wm. Jenner as occurring together with hypertrophy of the musculature of the heart, when the substance of the organ is the seat of gradually developed, long continued and intermitting congestion—conditions so frequently present in chronic valvular disease. (*Med. Chir. Trans.*, vol. XVIII., 1860, p. 199 *et seq.*) This form has not met with universal acceptance, however, although I think I may say that we are familiar with it here.

The *nature* of the morbid process which determines fibroid transformation of the heart is an unsettled question. The prevailing opinion, however, is that it is a *chronic* myocarditis, origi-

nating in an endo- or a peri-carditis, which extends to the myocardium, and many, especially German and French writers, describe the affection under the title Chronic Myocarditis.

Until pathologists can agree as to what constitutes inflammation, and can point out a reliable means of distinguishing the local changes essential to chronic inflammation from other nutritional proceedings such as the reparative process, hypertrophy, the development of some tumors, etc., it will be difficult to decide whether fibroid transformation is (1st) truly an inflammatory process, or (2nd) a primary hypertrophy of the connective tissue, or (3rd) a secondary and more degenerate modification of nutrition in which, while the secreting structure of glands (liver or kidney for example) or the contractile substance of muscle, wastes and perishes, the connective tissue of the wasting organs, receiving more than its normal proportion of nutriment, experiences a hyper-nutrition. Probably all three views are correct, but they require renewed study and investigation.

Permit me to offer some observations in illustration of the three several modes of fibrosis, or fibroid disease, that I just indicated, but in the reverse order.

1st, *Fibrosis secondary to degeneration of secreting or contractile tissue.*

In some examples of cirrhosis of the *liver*, atrophy of the secreting substance is a very early alteration, and Beale has taught that such atrophy is the primary change, the increased development of fibrous tissue a secondary and very insignificant alteration; and Johnson holds very similar views respecting the origin of the contracted *kidney*.

Another example of this variety of fibroid transformation occurs in muscles the contractility of which has been impaired by some form of paralysis. As the muscular elements disappear a fibrous tissue replaces them. Dr. Beale, indeed, appears to regard the process as one of degeneration, analogous to fatty degeneration. He says:—"The contractile material of the muscles has degenerated into fibrous tissue." (*Med. T. & Gaz.*, vol. I., p. 295, 1869.) And if recent investigations justify the statement that the epithelial cells of the

liver (Hamilton) and kidney (Saundby), and even of the mamma (Creighton), may proliferate and be converted into connective tissue, that is a strong analogical argument in favor of the transformation of muscle cells into connective tissue.

May not some cases of localized fibroid degeneration of the heart depend upon some disturbance in the innervation of the organ equivalent to that productive of paralysis in voluntary muscles? Such disturbance leading to trophic changes in which the sarcous elements are replaced by, if not transformed into, fibrous tissue? Why should not powerful mental emotion or violent muscular effort now and then damage the nervous ganglia of the heart as they do the cerebral ganglia?

In support of the idea that local disturbances of innervation may bring about local hyper-growth of tissue, I would cite the opinion of that acute observer, Dr. T. Addis Emmet, that uterine fibrous tumours are common in female celibates, because they have no "outlet for the nervous force which is being constantly directed to their wombs." (Emmet's Principles and Practice of Gynæcology, 2nd Ed., p. 84.)

Other instances of local fibroid disease of the heart may originate in a local atrophy of muscular fibre induced by a patch of pseudo-membrane, the product of a bygone pericarditis; hyper-growth of the connective tissue followlng closely upon degeneration of the contractile sarcous elements.

Finally in this connection, as Beale's researches show that the quantity of connective tissue in muscles bears some proportion to age, so that in old age much of the muscular tissue is replaced by fibrous material, it is highly probable that the heart, in common with other organs and other muscles, often suffers in its nutrition, so that its sarcous elements waste more or less, and are replaced by connective tissue as a contingency of advanced life.

2nd. *Primary Fibrosis from Hypertrophy.*

I have suggested that so called fibroid degeneration may sometimes be a primary or at least concurrent hypertrophy of connective tissue, constituting the first great step in the morbid process.

In pseudo-muscular hypertrophic paralysis, hyperplasia of

the connective tissue of the muscle is a very early change, and if not antecedent to, is at least concurrent with, more or less hypertrophy of the muscles.

Such appears to be the correct view, especially of the fibroid transformations that occur as consequences of passive congestion resulting from valvular diseases, and are met with in the heart itself, in the kidneys, liver and other organs. And under this heading belongs the diffused "fibroid transformation" of the heart already mentioned. The morbid process appears to be neither atrophic nor inflammatory, but a real hypertrophy. And "areolar hyperplasia" of the uterus probably often results from similar congestion of that organ, a consequence, it may be, of various degrees of displacement or flexion of the organ itself, or of valvular disease. My friend Dr. Gaillard Thomas has in this connection long ago advocated the distinction that ought to be drawn between chronic inflammation and interstitial hyperplasia.

The *large fibroid kidney* (Klebs' "Cyanotic Induration") affords an excellent example of primary hypertrophy of the connective tissue of an organ. Take the same process in the heart, it occurs independently of inflammation, and as a consequence of slowly developed and long continued congestion of the kidney. But some of the ablest modern authorities, Grainger Stewart, Liebermeister, and quite recently the lamented Bartels, have referred the *chronic contracted* or *red granular kidney* to primary *hypertrophy* of the connective tissue of the organ, which, as a general rule, has *not been preceded by inflammation.*

The very latest investigations of Saundby and of Greenfield (*Lancet*, 27th Mar., '80, p. 490) go to prove that the initial step in the production of this form of fibroid kidney is the formation of connective tissue by proliferation of the epithelium covering the glomeruli (Greenfield), or of that lining the tubules and the glomeruli, and covering the vessels (Saundby). This view of the origin of granular kidney, in my opinion, favors the theory that the process is rather simply hyperplasia than inflammatory; but be that as it may, it is another example of primary overgrowth of connective tissue in an organ.

An interesting variety of this primary hyperplasia of the connective tissue of organs is afforded now and then in Rickets. Dr Dickinson has found that the enlargement of the spleen and liver, occasionally observed in that constitutional affection, is largely due to an hypertrophy of the fibroid tissue of these viscera.

The "simple" form of "grey degeneration" so frequently observed in the posterior columns of the spinal cord affords an excellent example of hypertrophy of the connective tissue of an organ independently of inflammation, although it is not yet settled whether the atrophy of the nerve fibres precedes or follows the overgrowth of the neuroglia. Rindfleisch, however, sustains the latter view.

One of the most important varieties of primary hypertrophy of connective tissue is that in late years specially studied by Sir Wm. Gull and Dr. Sutton, and called by them arterio-capillary fibrosis. They have endeavored to establish the existence after middle life of a cachexia which manifests itself in a tendency to hypertrophy of connective tissue, which first involves the arterioles of the entire vascular system, and may then develop fibroid changes in one or more of the other organs, kidney, liver, brain, cord, stomach, heart, etc.

It is true that some of the ablest pathologists do not believe in the fibroid diathesis, but all admit that an excessive growth of fibroid tissue frequently occurs in the outer tissues of the smaller arteries after middle life, as had been previously pointed out by Charcot ond Bouchard under the name of Sclerous Arteritis.

I know of no sufficient reason, however, for regarding the process as inflammatory; and if Mohammed is correct in referring the fibroid thickening of the arterioles to increased arterial tension, then why not recognize in the increased growth of the connective tissue of the over-worked vessels simply a physiological process analogous to that which causes muscle to grow when exercised. Why suppose inflammation necessary or even favorable to the process? It appears to be highly probable that some cases of local fibrosis of the heart and other organs begins in this hypertrophy of the sheaths of the blood vessels,

and extends thence to the connective tissue between and around the muscular fibres, and ultimately causes their atrophy. (See Rindfleisch's Path. Hist., p. 129.)

3rd. *Fibrosis of Inflammatory origin.*

But, thirdly, the new fibroid tissue is no doubt sometimes of inflammatory origin.

Such is doubtless the nature of the tracts of fibroid tissue met with in tubercle in the lungs for example; so a peribronchitis appears now and then to extend to the interstitial pulmonary tissue and originate a fibroid induration of the parenchyma, and it is highly probable, and is generally held, that an endo- or a pericarditis may sometimes extend to the intermuscular connective tissue of the heart and induce an active proliferation and increased development thereof.

In addition to those more or less extensive productions of fibrous tissue so familiar as a sequence of *inflammation* of the serous membranes, may also be mentioned the scleroderma of adults, the spurious cheloid which occasionally succeeds burns, smallpox, etc., the masses of cicatrix-like tissue resulting from syphilitic disease of the liver, lungs, skin and other organs.

Amongst the most important examples of localized development of fibrous tissue under the inflammatory nisus is that afforded by syphilitic arteritis— a process which is not only responsible for many instances of inflammation, of thrombosis, and of softening of the great nerve centres, but, according to Mr. Welch, assistant professor of pathology at Netley (*Med Chir. Trans.*, Vol. LIX., p. 73), for 50 to 66 per cent. of the aortic aneurisms occurring in the British army. It has, in my opinion, been satisfactorily proven that syphilis is a cause of fibroid disease of the heart, as advocated by Wilks, Moxon, and others, but Hilton Fagge has shown that it is at most a very unusual cause (*Path. Trans.*, Vol. XXXV., p. 95 *et seq.*) It did not exist in my patient.

One of the most interesting examples of development of connective tissue in an organ by inflammation, and the last that I will adduce, is afforded by scarlatinal nephritis, in which it is now known that an interstitial growth of embryonic tissue takes place in the parenchyma of the kidneys, which may even fibrillate.

Reverting from these observations upon the general pathology of *fibroid* hypertrophy to the special example under consideration, I would call attention to the circumstance that while the area of fibroid degeneration in the wall of the left ventricle corresponded accurately to the region in which the endocardium was opaque and covered by a firmly adhering layer of fibrin, the degeneration also involved the ventricular septum, although no fibrinous deposits lay upon the endocardial lining of that part. And in a case related by Dr. Bristowe (*Path. Trans.*, Vol. VI.) it is mentioned that the patches of endocardial thickening did not "usually" correspond with the patches of fibroid degeneration. These cases appear to show that if the localized variety of fibroid degeneration of the heart is sometimes a consequence of disease of the endocardium, it may also *begin* in the myocardium itself and extend or not to the endocardium, and that, consequently, even when the alteration in the endocardium corresponds in site with that in the myocardium, we are not therefore to infer that that the endocardial disease caused the myocardial.

It might be urged that the co-existence of extensive atheromatous degeneration in the course of the aorta, which is generally regarded as a consequence of chronic endo-arteritis, renders it probable that the fibroid degeneration of the heart was an *effect* of a chronic endocarditis, and such is not an improbable view. But it must not be overlooked that a general tendency to hyperplasia of the connective tissue of organs also existed, witness the firmness and toughness of the spleen, liver and kidneys, as well as of portions of the musculature of the heart, spoken of in the record of the autopsy. And it can hardly be affirmed that it has been proved that the changes in the arterial system which result in atheroma are truly imflammatory, and not simply degenerative.

The co-existence in this case of fibroid changes in many organs appears to point to some general cause, as systemic congestion from tricuspid incompetency (which did not exist) or as the "arterio-capillary" fibrosis of Gull and Sutton. If the former had been the cause of the fibroid transformation of the cardiac muscle, one would have expected it to have been dif-

fused throughout the heart and not localized. On the other hand, it would be begging the question to assume that the cardiac change was part of an arterio-capillary fibrosis, a manifestation of the so-called "fibroid diathesis," as the smaller arteries and arterioles were not examined. However, it must be very rarely, even in that diathesis, that cardiac fibrosis is accompanied, as in this instance, by fibroid induration of the liver, spleen and kidneys—for Hilton Fagge "could find hardly a single example" of such co-existence in any of his own cases of cardiac fibrosis or among those recorded in the Transactions of the Pathological Society up to 1874.

My own view is that the cardiac alterations long preceded those observed in the liver, spleen and kidneys, and that the latter originated in systemic congestion produced by the cardiac disease, especially the tricuspid incompetence.

In looking over some of the records of the past on this topic, I met with a case related by Dr. Whipham which resembles in many respects the case under discussion. (*Lancet*, vol. 1., 1873, p. 25.) In that, an old blood clot adhered to the endocardial lining of the wall of the left ventricle and septum, the endocardium was thickened and the muscular tissue in a state of fibroid degeneration. The author attributes the lesion of the endocardium and of the wall of the heart to the irritation caused by the adhering blood clot, and claims to have first pointed out such a mode of causation of alterations in the heart's substance. In my opinion, the correct explanation of Dr. Whipham's case, as well as of my own, is that a diseased condition of the endocardium preceded and induced a deposition of the fibrin of the blood upon the arterial part. Such a view appears to be more in accordance with known pathological laws than that which supposes the precipitation of fibrin upon a healthy endocardial surface.

There are some interesting features also in the clinical history of the case under review, but I have occupied more than sufficient of the Society's time, and will only mention (1) the suddenness with which the first signs of failing heart-power set in; (2) the disappearance of a systolic murmur of organic

origin, and its absence notwithstanding the presence of a thick layer of fibrin on the lining of the left ventricle; (3) the existence of marked tricuspid dilatation without mitral stenosis or incompetence and without emphysema or bronchitis; (4) the difficulty of satisfactorily explaining in this instance the occurrence of the dilatation of the tricuspid orifice; (5) the supervention of pleuritis after aspiration of the pleural cavity; and lastly (6), the singular character of the sudden attacks suffered by the patient of dyspnœa and cough, followed promptly by copious expectoration of a frothy mucus, and immediate relief.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. OSLER.

(*Continued from page* 114.)

CASE X.—*Anomalous Case of Pyæmia.—Suppuration about tissues in left inferior carotid triangle; Pyæmic abscess beneath tensor vaginæ femoris; Pyæmic infarcts in the lungs; Septic Pleurisy.*

REPORTED BY MR. J. B. HARVIE, OF OTTAWA.

James C., aged 33, mechanic, a large, powerfully-built man, admitted June 8th, complaining of pain in the front of the left shoulder and shortness of breath. Family history good; personal history satisfactory. Has been a ship carpenter; is temperate. Present illness began on June 5th with pain about the left shoulder and fever. Had no chill. Swelling came on above and below left clavicle, and there was pain on outer side of right hip.

Condition on admission.—As he lies in bed, chief features noticeable are: Suffusion of face, lips slightly livid; respirations 30 per minute, and are short, the inspiratory act is caught suddenly, and expiration does not follow for a second or two. *Chest* movement is slight. An extensive swelling is seen in the upper part of the left side extending from the root of the neck, obliterating the supra and infra-clavicular spaces, and extending

as far as the shoulder and anterior axillary fold, while below it reaches nearly to the nipple. To the right it is bounded by the mid-sternal line. Just over the 1st rib the swelling is most intense, and the skin here is reddened. It pits on pressure, does not fluctuate or crepitate, and is not very painful to the touch. Shoulder joint not swollen; glands in axilla not enlarged. The left arm and hand is colder than the right, and look a little livid. The veins are also more plainly visible, particularly the cephalic. On *percussion*, clear note, except over region of swelling on left side. On *auscultation*, breathing weak over left infra-clavicular and mammary regions; otherwise appears normal. *Heart's* apex cannot be felt; diminished area of dulness; sounds normal. Nothing special detected in examination of abdominal organs. *Liver* and *spleen* not enlarged. Complains of pain in the right hypochondriac region, and there is both pain and tenderness over right iliac crest. Tongue slightly coated. No vomiting. 10 *p.m.*—Pulse 136, small; respirations 60; temperature, under tongue, 101·5°; temperature on swelling in left mammary region, 99·1°: on opposite side, 97·8°. Is quite sensible. Has no cough. Pain has continued in situation above noted.

9*th.*—Passed a bad night, in spite of morphia. General condition same as yesterday. Temperature 98°; pulse, 132; respirations 46. Swelling in left lower cervical and mammary regions is unchanged. Has been perspiring profusely; no cough. On examination of chest, expansion is deficient on right side, and there is slight dulness in lower mammary region of this side. On auscultation, fine crepitant râles in this region. Behind there is no evident dulness on right side, but a loud friction sound is heard in infra-scapular region. Tactile fremitus not increased. Evening temperature, 100·2°.

10*th.*—Patient passed a bad night; respiration very hurried, and constant pain in neck and outer part of right ilium. Is much weaker, and face is becoming cyanotic. Pulse almost imperceptible—135 in the minute; respirations 55, and becoming gasping in character; temperature 100°. Râles abundant on right lower mammary region. Was not examined behind.

Urine has been scanty; total quantity passed while in hospital ℥x, is highly colored; specific gravity 1062; no albumen; no sugar; chlorides abundant. Death at 12 a.m.

Autopsy, five hours after death.—Body well nourished; muscles splendidly developed. In making preliminary incision, tissue over sternum infiltrated with serum, and on making a transverse incision into the swelling in left pectoral region, the pectoralis major is infiltrated, and beneath it there is pus in the meshes of the sub-muscular tissue over 1st, 2nd and 3rd ribs and intervening spaces. There is no definite abscess, but the pus appears to infiltrate the intercostal tissues; and when the thorax was opened, the two layers of the pleura were found adherent in this region, and pus between the layers. On dissection of the neck, the lower part of sterno-mastoid muscle is infiltrated with serum, and when reflected, pus oozes from beneath its clavicular attachment. The clavicle and first rib were then removed, when the structures at this side of the root of the neck are seen to be surrounded with pus, not forming a definite abscess, but infiltrating the intervening connective tissue. It extends as high as the level of the thyroid cartilage, and, below, passes under the clavicle and 1st rib. Externally it passes out along the omo-hyoid, nearly to the scapula. The sheath of the carotid is not affected, but the sub clavian vessels are surrounded. There is no necrosis of the rib, clavicle, or cervical vertebræ. On dissection of the vessels, sub-clavian artery and branches normal; vein contains a clot, which is continued into the axillary, and is here firmer, somewhat decolourized, but is not firmly adherent. Orifice of thoracic duct normal.

On section of the parts in antero-lateral part of the *right ilium*, an abscess is opened beneath the *tensor vaginæ femoris*, and can be traced down it for five inches. It also infiltrates the upper and anterior part of the *gluteus medius*. The *ilium* is not diseased; periosteum firmly adherent, and no evidence of necrosis.

In *thorax*, lungs do not collapse. On lower and anterior border of the right, flakes of lymph are seen, and on upper lobe of left the adhesions already noted, and there are old ones over

entire organ. Right is not adherent, and from the pleural cavity 5–6 ozs. of turbid fluid were removed.

Heart—Blood in chambers partly clotted; looks natural, not tarry in appearance. Substance and valves normal.

Lungs—Left is crepitant, except in certain spots to be described. On section, much blood and serum escapes. At apex there is a firm, somewhat wedge-shaped infarct, size of a walnut, greyish-red on section, and on pleural surface presents a greyish-yellow exudation, surrounded by ecchymoses. At anterior border of this lobe are two others a little smaller, and at the lower and lateral part two more, wedge-shaped, surface greyish, substance softening. At extreme base of lower lobe there is collapse. *Right lung*—Pleura over lower and back—reaching to apex—covered by a thick layer of yellowish lymph, which extends between the lobes. When stripped off, pleura much injected. The apex, middle lobe and anterior border of the organ are crepitant; the remainder is dark-colored and airless—collapsed. There is a small infarct at the apex, and a large one at lateral border of lower lobe; in the latter, pus has begun to form beneath the pleura, and the injection is very intense about it.

Spleen not enlarged, moderately soft; no infarctions.

Kidneys look healthy; no infarctions. Bladder and prostate, normal.

Nothing of note detected in careful dissection of *gastro-intestinal canal.* No piles.

Liver normal. Aorta and venous trunks slit open—healthy. No diseased vertebræ.

Brain presents nothing unusual. No ear disease.

No disease of left shoulder joint. Nothing special in examination of the blood.

Remarks.—Among many points of interest in connection with this case, the following may be noted:—

1st, The difficulty of deciding upon the starting place of the disease. In the absence of a spot of acute necrosis of bone or other recognized cause of pyæmia, I am inclined to regard the inflammation in the cervical region as the origin of the trouble. It was of the nature of a diffuse suppurative inflammation of the

intermuscular connective tissue, similar, probably to what occurs sometimes in the upper cervical region, where it is known as *Angina Ludovici.* The pain was felt first in this part, and the suppuration is here more extensive than elsewhere.

2nd, The difficulty in making a diagnosis. The appearance and condition of the man on admission, the rapid breathing, quick pulse and flushed face, suggested pneumonia, but there had been no chill, no cough, and the temperature the morning after admission was normal. Then, the reddened, inflammatory swelling in pectoral and cervical regions, the acute pain in right ilium, rendered it additionally probable that this was not the cause, even when, on the second day in Hospital, the dulness in lower mammary region, the crepitant râles, and, behind, the distinct friction murmur, clearly showed that there was pulmonary disease. The rapid course of the affection (five days), as well as certain features of the case, suggested septic poisoning, but it was impossible to fix upon any source of infection.

Correspondence.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—There appears in the last number of the *Canada Medical and Surgical Journal*, under the heading "A Legal Question," what purports to be a report of my evidence in a recent action. Permit me to observe that the report in question is incorrect in every particular.

Your obedt. servt.,

W. F. HINGSTON.

37 UNION AVENUE, May 25, 1880.

[We regret that the above reached us too late to be inserted in our June issue. In explanation, we can but say that the source from which the report was obtained seemed quite reliable. Moreover, the judgment rendered was avowedly given upon the strength of this testimony, and, therefore, there was *primâ facie* evidence of the correctness of the general tenor of the report, though absolute verbal accuracy was impossible.—ED.]

Reviews and Notices of Books.

The Principles and Practice of Gynecology.—By THOS. ADDIS EMMETT, M.D., Surgeon to the Woman's Hospital of the State of New York, &c. Second edition, thoroughly revised. With 133 illustrations. Philadelphia: Henry C. Lea.

The call for a second edition of this standard work within a few months from its first appearance is, indeed, "flattering to the author, as an evidence that his labors have proved acceptable." The study of Gynecology has been making advances with great rapidity of late years, and American surgeons have much reason to be proud of the share which they have had in bringing about this desirable result. Amongst the foremost of these stands the author of this work. By his able writings, his persistent enforcement of what he recognized as a sound principle, his successful clinical teachings, and his expert operations showing what can be done by practised hands, Emmet has raised himself into the universal esteem and high respect of his *confrères* far and wide. It needs no words from us to commend to all our readers this embodiment of the experience and observations of the eminent New York gynecologist. It is a complete, systematic treatise upon all the diseases which properly belong to this branch of medicine. Every chapter is enriched by cases drawn from the vast field in which the author has worked for so many years. Some, however, will perhaps be found of more than usual interest owing to the comparative novelty of the subjects treated of. Especially is this the case with reference to the article upon laceration of the cervix. As is well known, it is Dr. Emmett who has particularly drawn attention to the frequency with which this accident is met with, and to the importance of remedying the evil when causing, as it often does, a train of distressing symptoms. Of this trouble our author says: "Its importance cannot be exaggerated, since at least one half of the ailments among those who have borne children are to be attributed to lacerations of the cervix." Trachelorrhaphy is becoming the fashionable operation in the States, and it is not at all

improbable that it may be overdone, for it is certainly not always needed when the neck of the womb is torn—this exaggerated stage, however, probably all novel operative procedures are obliged to pass through. The chapter following this is upon elongated cervix, on which subject Dr. Emmett gives no uncertain sound, denying its existence, and consequently, of course, objecting entirely to the operation of ablation or amputation.

To the specialist this work is simply indispensable, and at the same time our general practitioners will find here a complete fund of information on all points concerning the uterine derangements of their female patients.

A Treatise on Foreign Bodies in Surgical Practice.—By Alfred Poulet, M.D., Adjutant Surgeon-Major, Inspector of the School of Medicine at Val-de-Grace. In two volumes. New York: Wm. Wood & Co.

We have already acknowledged the receipt of four volumes of the new series of Wood's Library of Standard Medical Authors. The success achieved by the original issue of last year has encouraged the enterprising publishers to continue furnishing other treatises upon the same plan. The typographical work, paper, illustrations and binding are all decidedly superior to those of the first series. They form handsome library books, bound in strong green cloth covers, with gilt lettering. One is apt to wonder how it is possible to give so much for so little money.

Although there are several good works upon foreign bodies in certain special situations, such as the ear, the gullet, &c., yet there can hardly be said to be a single thorough treatise which deals with the subject of foreign bodies in the various canals and cavities of the human body. This, then, is the ground traversed by Dr. Poulet in the work before us. These cases are often quite of an emergent nature, requiring instant action. How necessary, then, that all possible information should be possessed by every practitioner in order that the action taken may be guided by sound principles. "Take a student," says the author, "who has passed through all the medical grades, and is on the eve of entering on civil or military service: place him in the

presence of even the simplest cases of foreign bodies—a small stone or a pea in the ear, a metallic splinter in the cornea, or a catheter broken in the urethra—and the anxiety and embarrassment which he manifests will show how insufficient is his surgical knowledge on this point."

Vol I. contains chapters upon foreign bodies in the pharynx, esophagus, stomach, intestines, and in the rectum. Vol. II. upon those occurring in the air-passages, the genito-urinary organs, the ear, the nasal fossæ, and, lastly, in the glandular canals.

The plan on which the chapters are constructed appears well calculated to bring out the salient points of each subject both as regards pathology and treatment. They are ably written, and abound with illustrative cases drawn from many sources, which serve to explain the various phases and peculiarities which may be met with in these important cases. A large number of plates are introduced to illustrate anatomical and pathological points, and to show more clearly the different forms of instruments used in the management of foreign bodies in France. It is a most excellent, practical treatise, and contains a great deal of information not to be found elsewhere. The cases themselves are of great value for purposes of reference, for hardly a case can be imagined to which something similar at any rate could not be found in Dr. Poulet's work.

A Handbook of Physical Diagnosis, comprising the Throat, Thorax and Abdomen.—By DR. PAUL GUTTMANN, Privat Docent in Medicine, University of Berlin. Translated from the third German edition· By ALEX. NAPIER, M.D., Fel. Fac. Phys. and Surg., Glasgow. With a colored plate and 89 wood engravings. New York: Wm. Wood & Co.

This is an excellent and very complete exposition of the different methods of carrying out the physical diagnosis of derangements of various internal organs. The arrangement and contents of the various chapters is necessarily very similar to those of many of its congeners, the work of English and American authors. It is more complete than many text-books bearing the same title, and the discussions on the mode of production of various physi-

cal conditions are scientific and often exhaustive. The chapters on the urine are useful, and the title-page is faced by a very good representation of Vogel's chromatic scale for estimating the depth of color in various specimens of urine. It forms a good number of the Wood's Library series, as representing the German teaching on the important subject of physical diagnosis.

The Essentials of Anatomy, designed as a text-book for students and as a book of easy reference for the practitioner.—By WILLIAM DARLING, M.D., F.R.C.S., Professor of Anatomy in the Medical Department of the New York University, and AMBROSE L. RAMSEY, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the New York University. New York: G. P. Putnam's Sons.

The design of the authors in preparing this work has been to furnish a compilation of everything which it is absolutely essential for the student to know of general human anatomy. Much, therefore, has been purposely omitted which is found in most of the standard text-books. It is entirely without illustrations, as it is supposed that every one possesses these, which may be used along with the text as here presented. But a considerable number of diagrams are figured, which have been constructed with a view of aiding memory in retaining facts and associations which are otherwise apt, after a time, to evade one's grasp. The descriptions of parts are clear and very concise. The impression we have formed of the book, as a whole, is that, in many ways, it might considerably assist the student preparing for his examination—especially the *written* examinations in anatomy held at nearly all our schools,—but we cannot think that this way of learning anatomy is to be recommended. By a careful study of such condensed outlines of the various regions and structures, aided by the corresponding diagrams, a theoretical acquaintance with the nomenclature can be obtained; but place a student who has thus tried to master his lesson before a fresh dissection, and he will soon find himself at sea. Again, take some of the illustrations, that of the circulation, for instance, and a good many will say that they are more complicated than that which they are

intended to simplify. In conclusion, we think the "Essentials of Anatomy" will be appreciated by candidates for examination, to assist them in formulating many a *memoria technica*, but beyond this, to the advanced student and the general practitioner, we do not think its usefulness will be at all considerable.

The Student's Manual of Venereal Diseases: being the University Lectures delivered at Charity Hospital, B.I., during the Winter Session of 1879-80.—By F. R. STURGIS, M.D., Clinical Lecturer on Venereal Diseases in the medical department of the University of the City of New York, &c. 8vo., pp. 196. New York: G. P. Putnam's Sons.

This is a small and handy volume for the use of Hospital students. It contains in concise form chapters upon almost all the important features and forms of venereal disease. By excluding points which are even yet matter for discussion, and confining himself to that which has been satisfactorily established, the author has succeeded in presenting the entire subject condensed into very small space. After examination of this book, we can say that its teachings appear to be thoroughly sound and in accordance with the most advanced views upon the nature and behaviour of this important—because so common, and often so dangerous—disease. All students are expected to have a fair knowledge of the natural history of syphilis, and to acquire this we know of no safer or better guide than the manual before us of Dr. Sturgis.

A Practical Handbook of Medical Chemistry applied to Clinical research and the detection of poisons: partly based on "Bowman's Medical Chemistry."—By WM. H. GREENE, M.D., Demonstrator of Chemistry in the medical department of the University of Pennsylvania; editor of *Wurz's Elements of Modern Chemistry*, &c. 8vo., pp. 310. Philadelphia: Henry C. Lea's Son & Co.

This is a handbook for practitioners and for students who have already some knowledge of the more elementary parts of the science of chemistry. The first part is devoted to a brief de-

scription of the proximate principles which take part in normal and pathological vital action, and the properties by which they may be separated from their associate compounds and identified. In the second part, the composition of the more important liquids and solids of the body is considered, together with the processes by which they may be analyzed, both for the estimation of their normal constituents and for the detection of compounds whose presence must be regarded as pathological. The third portion of the book treats of the detection of the more ordinary poisons. This is not intended to be exhaustive, but rather to furnish the practitioner with the means of determining, in suspected cases, either the importance of a subsequent analysis by an expert chemist, or that suspicions of poisoning have been groundless. The plan of the work is thus rather different from most others: it is free from all redundant matter, giving only what is essential and practical, and can be recommended as a very useful book both for study and for reference.

A Text-Book of Physiology.—By M. FOSTER, A.M., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition, with notes and additions. By EDWD. T. REICHERT, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 illustrations. Philadelphia: Henry C. Lea's Son & Co.

It is but a few months since we took occasion to express a high opinion of the value and usefulness of Dr. Foster's Handbook of Physiology. It will therefore be quite unnecessary to repeat here the remarks made at that time. The above is the American reprint of the last English edition, and contains the whole of the letter-press and all the numerous illustrations which are found in the original. It is thoroughly well gotten up in a handy, compact form, and with excellent typographical execution. It can be most confidently recommended as one of the best manuals extant.

Books and Pamphlets Received.

Pathogenetic Outlines of Homœopathic Drugs. By Dr. Med. Carl Heinigke, of Leipzig. Translated from the German by Emil Tietze, M.D., of Philadelphia. New York: Boericke & Tafel.

The Practitioner's Reference Book. By Richard J. Dunglison, A.M., M.D. Second edition. Philadelphia: Lindsay & Blakiston.

Photographic Illustrations of Skin Diseases. By Geo. H. Fox, A.M., M.D. Nos. XI. and XII. New York: E. B. Treat.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs, in a series of plates taken from Nature, with commentaries, notes and cases. By Henry Savage, M.D., Lond., F.R.C.S.E., &c. Third edition; revised and greatly extended. New York: Wm. Wood & Co.

Lessons in Gynecology. By Wm. Goodell, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania. With 92 illustrations. Philadelphia: D. G. Brinton.

Transactions of the American Gynecological Society. Vol. IV. For the year 1879. Boston: Houghton, Mifflin & Co.

REPRINTS.

Coccygodynia. By Edward W. Jenks, M.D., LL.D., Chicago.——*Treatment of Puerperal Septicæmia by Intra-Uterine Injections.* By Edward W. Jenks, M.D., LL.D., Chicago.——*Further contributions to the Study of Fractures of the Inferior Extremity of the Radius.* By L. S. Pilcher, M.D., Brooklyn, N.Y.——*Contributions to Gynecology (Fibro-Sarcomatous Tumor of the Uterus, Cancer of the Rectum).* By John Byrne, M.D., M.R.C.S.E. New York: G. P. Putnam's Sons.——*Kolpo-Cystotomy by Electro-cautery.* By John Byrne, M.D., M.R.C.S.E. New York.——*The Population Question at the Medical Society of London.* By Charles R. Drysdale, M.D. London: G. Standring.——*The Abuses of Medical Charities.* By M. P. Hatfield, A.M., M.D., and Boswell Park, A.M., M.D. Chicago: Knight & Leonard. ——*Division of the Sphincter Ani Muscles as a Therapeutic Measure.* By Charles B. Kelsey, M.D. New York: D. Appleton & Co.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting of the Society was held May 27th, 1880, in the Society's Rooms, 14 Phillips' Square.

Before beginning the regular order of business, the President (Dr. R. P. Howard) congratulated the Society on the event of meeting for the first time in their own rooms. This indicated

decidedly a step in advance, and showed with what a feeling of affection the Society was regarded by members of the profession. Occupying as we do a large city, and being also a centre for teaching, we stand in a peculiar relationship towards the public. The standard is as high in this as in any other city of this continent, and in every city where there are a band of workers, the results are shown in the actual work, not only among those who hold hospital appointments, but also among the profession as a whole. During the past three years there has been a growing interest in the meetings. Its members enjoy unusual advantages, for, in addition to the medical and surgical matter presented, there is at nearly every meeting a number of pathological specimens, some of these possessing unusual interest, and exhibited by one who makes this instructive department a special study. In the future, if work is persevered in, less attempted, and more time given to that which is done, the work done here will be of the greatest interest to Canada at least. The President, in conclusion, expressed the thanks of the Society to the committee who had superintended the furnishing of the Rooms; also to Dr. Fenwick for the generous gift to the Society of a large portion of his reference library.

Dr. Fenwick said, in donating these books to the Society, he did so on the understanding that they should be under the care of trustees, and provision would be made in his will that, in the event of the Medico-Chirurgical Society ceasing to exist as a Society, these books should then become the property of McGill University. He also requested the Society to insist on keeping these books in the library, and on no account allow any book to be taken away from the Rooms.

On motion of Dr. Hingston, seconded by Dr. F. W. Campbell, a vote of thanks to Dr. Fenwick was passed by the Society.

Dr. Osler exhibited a specimen of sacculate aneurism of the arch of aorta, which had become completely obliterated by dense layers of firm decolourized fibrin. It sprang from the upper and back part of the arch just beyond the innominate, and was about the size of a large orange. The carotid and subclavian

of the left side were obliterated. The left vagus and recurrent laryngeal were involved in the wall.

Dr. Ross said this patient had been under his care in the Montreal General Hospital. He was first seen by him some four years ago ; he had then a hoarse voice, pain about the chest, localized dulness, and deep-seated obscure pulsation ; there was no dyspnœa, was great pain about the left shoulder and in the chest, and signs of plugging in the left subclavian. He was first treated on the principal of entire rest in bed, and hypodermic injections of morphia ; later on he took iodide of potass. for a considerable time last winter. When he came under observation again, Dr. Ross concluded that the tumour had consolidated, which on death proved true. This is one of the several cases tending to prove the fact that the tumour can diminish under the use of iodide of potass.

Dr. F. W. Campbell then read a paper on a case of Progressive Motor Paralysis.

In the discussion following, Dr. Ross said that this case reminded him of certain letters which appear in *The Lancet* under the head of " Wanted a Diagnosis." The symptoms would appear to arise from trouble in the spinal cord, and no symptoms seem to demonstrate any cerebral disturbance, and from the character of the spinal symptoms, would indicate ascending spinal paralysis.

Dr. Osler said he did not see how the lesion was in the corpus striatum. If the old view was correct, there must have been a lesion in the corpora striata, as the paralysis was on both sides. He was inclined to believe that the case was one of ascending paralysis, involving the cord.

The President remarked that when he saw the patient in consultation with Dr. Campbell he had expressed the opinion the lesion not only involved the cord, but reached the base of the brain. The lad had been, years before, subject to attacks of *migraine*, attended with hemiopia, and had been obliged to give up reading exciting books owing to the mental disturbance they created. Amongst the earliest symptoms of the paralytic affection were difficulty of deglutition and of articulation and loss of

taste, and these suggested an affection of the bulb. Subsequently, when reflecting upon the case, he concluded that it was probably an example of that rare affection, Landry's Paralysis, or, at least, a variety of "paralysie generale spinale subaigue," the Acute Polio-Myelitis of the Germans. He still felt unable to decide between the two forms just mentioned, but inclined to the view that it was a case of Landry's paralysis. His chief reasons were the progressive character of the symptoms, the absence of early and marked wasting of the muscles, the absence of fever, and of early impairment of electric excitability. Indeed, the electro-excitability of the upper limbs and thighs continued throughout; that of the legs only was impaired. Of course, if Dejernie were correct in saying that the disease is always fatal, my view is unsound, as the patient recovered, and Landry and others admit many recoveries. It is not always an "acute ascending paralysis," as it has been called. Erb states that it may be a *descending* one, as it was in this case. As to the *nature* of Landry's paralysis, Dejernie found in his two cases a lesion of the anterior nerve roots, but none of the cord; but he infers that some alteration of that acute centre, not appreciable by present methods, must obtain. As to the cause of the disease in this youth, Dr. Ross' suggestion of syphilis is important. Urethral chancre is often regarded as gleet. Syphilis may affect the motor cells of the cord and the motor nerves.

Dr. Hingston read a paper on "Certain Anæsthetics," with special reference to the latest advocated, viz., Bromide of Ethyl. Chloroform and ether have been used respectively in Europe and America. Till the past few years chloroform was used entirely in the Montreal Hospitals. Ether, for the past three years, has taken the place of chloroform in the Montreal General Hospital. No deaths have occurred in the Hotel Dieu from the use of chloroform. In administering chloroform he never paid any attention to the pulse, but always watched the respirations closely. Some few years ago Spencer Wells advised the employment of bichloride of methylene. Dr. Hingston's experience with it showed no advantage over chloroform, possessing, as it does, also the disadvantage of being more expensive. Lately he had

used the bromide of ethyl, and was very favorably impressed with its excellence as an anæsthetic, possessing some advantages over those we now use. Anæsthesia can be produced quickly, and the return to consciousness is in a few moments after the towel is removed, besides the great advantage of causing no vomiting. Dr. Hingston then instanced a number of cases in which he had used it. Care should be exercised in selecting the kind used. Some specimens are not good, and one fatal result is recorded by Marion Sims, supposed to be from the inferiority of the specimen used. That manufactured by Wyeth is an excellent and reliable article.

Dr. Buller said he had given anæsthetics very frequently. Till 1874 the anæsthetic used at the Royal Ophthalmic Hospital, Moorfield's, London, was the bichloride of methylene. Dr. Buller had given this anæsthetic 3,000 times, and then a case resulted fatally. At that time the substitution of ether was under discussion, and the fatal case occurring decided the matter in favor of ether. Joy Jefferies' plan of administering ether was to exclude air entirely. Dr. Buller had used the bromide of ethyl in one case, on an old lady of 70, for extraction of a cataract, and was favorably impressed with it. The patient retained a good fresh color; she went rapidly under its influence, and recovered rapidly, and there was no vomiting. If the latter quality will hold good, Dr. Buller will use it in his practice of ophthalmic surgery before all other anæsthetics, as one very serious drawback to the others is the vomiting which sometimes follows, and destroys the good result of an operation.

Dr. Fenwick had used it in one case, which, however, was not a fair case, as the subject was an epileptic; and there was a considerable amount of struggling on his part, just as much as in the use of chloroform.

The President then referred to the fact that we were favored with the presence of the officers of the Societé Medicale, who had been invited to participate in the opening of the new Rooms. He then introduced Dr. Mount, the President of the Societé Medicale, who congratulated the Medico-Chirurgical Society on

the step taken, and conveyed to its members fraternal greetings from the sister French Society.

The Society then adjourned to another room, where refreshments were provided and partaken of.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Sulphide of Calcium in the Treatment of Buboes.—My attention was first called to the value of the sulphide of calcium in arresting processes of suppuration through an article in *The Lancet* of February 21, 1874, by Sidney Ringer, M.D. Dr. Ringer claimed that, when the product of suppuration in scrofulous sores was thin and ichorous, the administration of small doses of the sulphide of potassium or of calcium promptly changed the purulent fluid to one of a more healthy character, and that the healing of the sore was promoted. He also claimed that the formation of boils and abscesses was prevented by a timely administration of small doses of the sulphides, and that, when suppuration had already occurred in such cases, the suppurative process was quickly arrested through the influence of these remedies. Opportunity for a practical test of these claims soon occurred, and resulted in my own personal conviction of their entire correctness, and I have now for the last five years habitually prescribed the sulphide of calcium in cases of threatened suppuration in phlegmonous swelling from various causes, and, as a rule, with very gratifying results. The manner of its use was practically the same as advised by Dr. Ringer, viz.: 1-12 grain of the sulphide of calcium every two hours, or 1-20 every hour, during the day and up to the time of retiring. Especially have I found small doses of the sulphide of calcium useful in arresting the progress of furuncular swellings and abscesses, and in preventing their occurrence when threatening. On the other hand, I have repeatedly tested the influence of this drug upon the suppurative processes in mucous membranes, as in gonorrhœa, gleet, leucorrhœa, etc., without

being able to discover that it influenced or modified the suppurative process in such cases in the least degree.

Among the cases in my private practice where prompt arrest of suppuration was quickly followed by absorption of pus already formed and resolution of tumor, and apparently from the use of the sulphide of calcium, were several inguinal buboes associated with chancroid. The simple fact that resolution occurred in these cases was (in accordance with the popular teaching) accepted as proof that the buboes were of sympathetic and not of chancroidal origin.

Authorities have long taught that once the virus from a chancroid has been carried along a lymphatic vessel and deposited in the adjacent lymphatic gland, inflammation is at once set up in the substance of the gland. This, it is claimed, goes steadily on in spite of all and any treatment until an abscess is formed. This must, sooner or later, through advance of the suppurative agency or by surgical interference, result in an open ulcer, the pus of which will possess the same vicious character as the chancroid from which it was derived. This variety of bubo is known as the virulent or chancroidal bubo. The suppuration of such buboes has been considered *inevitable*, and all buboes not pursuing this course have been set down as not of true chancroidal, but of simple or sympathetic origin. Inflammatory lymphatic enlargements associated with chancroid are very naturally dreaded as most likely to prove by results to be of chancroidal origin, and usually, after a few feeble attempts at treatment with a view to their resolution, glands affected are encouraged to suppurate, and prompt incision and evacuation of pus are advised as soon as the slightest true fluctuation is recognized. If suppuration is indeed inevitable, undoubtedly it is wise to encourage it, to evacuate the virulent product at the earliest moment, and thus afford access for efficient treatment for the destruction of this new-formed chancroid. For this reason I had been an earnest advocate for early incision into suppurating buboes associated with chancroid. My experience in the few cases above alluded to, however, made me incline to the belief that a thorough and extended trial of the calcium sulphide in cases of inflammatory

buboes associated with chancroid might give such results as to make its use imperative in every such case.

In order to gain further light on this important matter, a systematic use of the calcium sulphide was made, in my service at Charity Hospital, in 18 consecutive cases of inflammatory bubo occurring with, or as the immediate sequel of, well-pronounced chancroid. All the facts considered of importance were noted by myself and under my direction by Dr. Johnson, my House Surgeon, and are truly confirmatory.

Thus it will be seen that, out of 18 cases of inflammatory bubo presenting the rational evidences of chancroidal origin, and treated systematically by the use of small doses of the sulphide of calcium, resolution occurred in 15, and that in only three cases was incision ultimately required.

If we apply to these cases the usual rule that chancroidal buboes always eventuate in chancroidal abscesses, always suppurate and require evacuation by natural means or surgical procedure, then we must hold that only three out of fifteen cases of inflammatory buboes associated with chancroid were the result of transference of the suppurative process from the chancroid to the adjacent lymphatic gland. It is just possible, however, that the influence of the sulphide of calcium may, in arresting suppuration, extend to the true chancroidal bubo. The apparent successful use of this drug in the series of cases herewith presented at least suggests and invites a trial of its efficacy in all instances of threatened glandular suppuration, whether associated with chancroid or of purely sympathetic origin.— *Fessenden N Otis, M.D., in New York Medical Record.*

Etiology of Surgical Scarlatina.—Goodhart and Howse contribute two papers of much interest on this subject to "Guy's Hospital Reports." The first paper contains details of twenty-five cases of surgical scarlatina (besides some of measles, etc.), all that occurred from 1869 to 1878, while the second details four cases occurring within a month, the last three within eight days. Both writers were originally non-believers in the scarlatinal nature of these rashes, but looked upon

them as one of the primary manifestations of septicæmia; but after observing the probable infections, the sources of which are frequently most carefully traced, the symptoms, such as the rash, the fever, the sore throat, the desquamation, and the albuminuria, and the infection of others with distinct non-surgical scarlatina as a sequel, they have been convinced that it is true scarlatina. Both of the papers support Paget's previously expressed explanation, that either the condition induced by an operation gives a peculiar liability to the reception of the poison, or else, that having received it already, had the patient not been in ill health he might have resisted it longer or entirely. But they have given a much wider significance to this explanation, and make it apply to any local inflammation, especially if attended with suppuration; for one-third of Goodhart's cases had suffered no operation at all. Of the twenty-nine cases, seventeen were dressed antiseptically. Goodhart draws the conclusion that the contagion obtained its hold on them, not through the wound, but in the ordinary way; for if the antiseptic dressing has banished (as it has) from their wards septicæmia, pyæmia, and erysipelas, the poison of scarlatina would probably also have been prevented access by the wound. Howse would add to this that had antiseptics not been used, the high temperature induced by the fever would have favored decomposition in the wound, and so the whole train of septicæmic symptoms would have followed the rash, which is so often its initial step; but that this decomposition was prevented by the antiseptic system.—*Guy's Hosp. Reports*, vol. xxiv., 1879; *Am. Jour. Med. Sci.*, Oct., 1879.

The Summer Diarrhœa of Adults.—By H. R. Bigelow, M.D., of Washington, D.C.—With the approach of warm weather the physician will not unwisely occupy himself with the consideration of a class of cases which cover a wide domain of symptomatology, and in which an intellectual therapeutical discrimination is absolutely necessary. The professional practice in cities during the summer months is largely confined to the treatment of diarrhœas, so that it may not be amiss to dwell somewhat at length upon a general analysis of the disease, in its

varying forms, and to point out the indications of remedial interference. It is my purpose to deal only with essential and reflex diarrhœas, so that the questions of dysentery, cholera, etc., need not cumber the present discussion.

Etiology.—A man of adult years complains to us of a diarrhœa and its concomitant symptoms. What shall we give him? Naturally, the first question demanding solution is, upon what condition does the diarrhœa depend? What has caused it? A diarrhœa results from increased peristaltic action of the intestines, or from excessive secretion, or from the two combined. The exciting causes of these phenomena, in relation to the subject in hand, and which will apply to the majority of ordinary cases, are—1. Intestinal irritation by improper or unripe food and fruit, impure water and constipation. 2. Changes of temperature, bad air, anti-hygienic conditions, fatigue and malarial influences. 3. Obstruction of the portal circulation. 4. Excessive mental excitement. There are, of course, *vicarious* diarrhœas, the diarrhœas of typhoid fever, of phthisis, cancer, Hodgkin's disease, etc., but these are intercurrent phenomena, the local manifestations of constitutional disturbance, and are to be met in the general treatment of the primary lesion. In general summer practice it will be found that nearly all of the cases that come to us for treatment will depend upon some one of the foregoing exciting causes. It is essential that the diagnosis should be an accurate one, to insure successful treatment.

Diagnosis.—The history of the case will first arrest attention. The social condition of the patient and his hygienic surroundings. The duration of the disease. The nature of ingesta. The length of time between the last meal and the first symptoms of the attack. The nature of the last meal. The character of the discharges. The co-existence of nausea. The presence of headache, increased upon movement of the head. The condition of the tongue. The daily occupation of the patient. His condition in reference to insomnia. The distinction between the various forms may be confirmed from the symptomatology.

Symptoms.—1. Unripe or improper food; impure water; constipation, acting as intestinal irritants. When an adult has

eaten unripe fruit, or vegetables not perfectly fresh, the symptoms of colic, with or without diarrhœa, soon manifest themselves. There is flushing of the face ; more or less activity of the perspiratory glands ; a binding, gnawing pain along the greater curvature of the stomach, with nausea, often amounting to emesis. The pain may be very intense, but is neither increased nor diminished by pressure. The diarrhœa which follows may be profuse, liquid and lienteric, if the ingesta are forced along the canal by the peristaltic action. Should any undigested matter remain, the discharge is scant and unsatisfying, while tormina and tenesmus are prominent. This form of summer complaint yields readily to appropriate treatment, leaving no ill effects. When the diarrhœa is due to constipation we shall usually have the history to guide us. The general symptoms are small, feculent discharges, usually liquid, the accumulated fæces acting as a foreign body and setting up an irritation; or small, round, hard masses may also be discharged. Hard, indurated swellings may often be made out along the course of the colon. There is a general sense of malaise.

2. Excessive fatigue occasions an ephemeral diarrhœa which has no especial history other than its exciting cause. In those cases wherein the flux is the result of anti-hygienic conditions, we will be apt to have more or less constitutional disturbance. The face will be pale and pinched, eyes sunken, with general emaciation. There is constant diarrhœa, painless and crapulous. Pulse quick and shallow.

3. Obstruction of the portal circulation. The "bilious diarrhœa," of common parlance. What physician will not recognize the vertigo, the headache that comes and goes and is increased by physical activity, the bad taste in the mouth and coated tongue, the drowsiness and languor, and the foul odor of the discharges. The ideal disease of the laity.

4. Excessive mental excitement. This is the most severe and often the most obscure form of the disease. It will not yield to the usual astringents, and is accompanied by many distressing symptoms. We have a history of mental strain, at a time when the heat of the summer has been most intense,

There is irregular action of the heart, with palpitation. Insomnia. Excessive nervous irritability, with photophobia. There is pronounced mal-assimilation, with gastric irritability. Each active cerebral effort is followed by intestinal discharge. In few other diseases have we such a typical example of the influence of the mind upon the body. This diarrhœa is essentially reflex, and can be controlled only by treating the nervous system. In general we have to decide whether it is desirable to check the flux, whether we shall give cathartics or purgatives, or nerve tonics, and what combinations best subserve these ends.

Treatment.—In all cases where we have reason to suppose that there is undigested food in the alimentary track, it is a good practice to exhibit at the very commencement a dose of castor oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed and brandy) over the abdomen gives much relief. While the subcutaneous injection of vj-x minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil, it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc, with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbolic acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple, uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture with the tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many

cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa, attributable to no other cause than that of heat and over-exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the elixir of calisaya and sulphuric acid. If the diarrhœa be due to constipation we have nothing better than a pill of extract of nux vomica, extract of belladonna, with extract of physostigma. These should be taken regularly, to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel.

In the *Practitioner*, Dr. J. M. Fothergill writes as follows: "Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed, without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of such cases such a plan is not only not successful, but does harm; in those cases where there is an offending mass in the intestines, setting up a secretion to sweep it away, but where the secretion is set up too low for its removal there is a teazing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture does harm; and what effect it has is to arrest a spontaneous reflex act, often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb, in powder, by which secretion is set up above the offending mass, and it is swept away; after which diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is

equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect; at last the persisting tenusmus drives the patient to a rectal surgeon, who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases."—*Phila. Med. & Surg. Reporter.*

Homœopathic Springs for Fever and Ague.—In Westphalia there is a spring which, after flowing for twenty-four hours, entirely ceases for six, then returns with a very loud noise, and in a stream large enough to turn three mills. The well at Torbay ebbs and flows sixteen times in an hour. The Giggleswick well in Yorkshire rises and falls every ten minutes. St. Anthony's well, near Edinburgh, has a similar regular intermittent movement. In Savoy there is a spring which is very uncertain and irregular in its rises and falls; this water has been suggested for the irregular chills of pyæmia, while sea-water, which rises and falls regularly with tides, is said by Dr. Max Greubler to rival natrum muriaticum in the cure of intermittent fevers. He also hints that the other waters may be tried in obstinate cases of fever and ague. The waters from the intermittent geyser springs in Iceland have not yet been suggested by Dr. Greubler for the worst cases, but he points, with pride and pleasure, to the numerous cases of malarial disease which have been cured at the springs, called the *Puits de Vaisse* at Vichy, which have a perfectly regular and curious *intermittent* action, preceded by a subterranean noise, followed by a violent eruption of mud, water and gas, strongly impregnated with the

hydrosulphurous odor, which occurs at intervals more or less regular, six or eight times every twenty-four hours. Dr. G. prides himself very much upon a homœopathic inspiration which led him to give these waters, especially in cases attended with flatulence and more or less violent explosions of gas and scybalæ. In some cases he was obliged to use what he calls the ascending rectal douche, or injections of the water, which is highly impregnated with gas. Thus all the indications were fulfilled—the water, gas and fæces were forced first to ascend, and then to descend; and were finally expelled from the patient's body, to his great relief and comfort.—*N. Y. Med. Record.*

Chian Turpentine in Cancer.—The great subject of talk in medical circles is the discovery, by Mr. Clay, of a remedy for cancer. All the papers, general as well as professional, are full of it. The new cure is nothing more than our old friend, Chian turpentine. Mr. Clay seems to have made his great discovery almost by accident. He went to trying different drugs in cancer till he found one that did good. He offers no physiological or pathological explanation of its action. He gives his facts, and that is all. His reputation is too high for there to be any doubt on the subject, and it is said that some of the London surgeons—for Mr. Clay dates from Birmingham—have data which fully confirm his statements. It is a great discovery, and encourages us to try new remedies in diseases which have hitherto been considered incurable. Clay's formula is:—Chian turpentine, - - - - grs. vj.

Sublimed sulphur, - - - grs. jv.

Mix. Make two pills, to be taken every four hours.

It has been suggested that the pills might not dissolve very readily in the stomach, and the turpentine may be made into a mixture according to the following method: Dissolve an ounce of Chian turpentine in two ounces of pure (anæsthetic) ether. Then take of this solution half an ounce, of solution of tragacanth four ounces, of syrup one ounce, of flowers of sulphur 40 grains, the whole to be made up with water to 16 ounces. Of this one ounce is to be taken three times a day. Patients are found to

take it quite as readily as they do the pills. Since the appearance of Mr. Clay's paper Chian turpentine has gone up considerably in price; a short time ago there was hardly any demand for it, now it is obtained with the greatest difficulty, and we are told that we are not to expect any more for three months—a serious matter for sufferers from cancer. In a few days the Chian turpentine rose from three shillings a pound to sixteen shillings, and then the supply practically ceased. I hear that a large firm in London has some four or five pounds, but they naturally enough do not care to part with it, and keep it for their regular customers. A writer in *The Lancet* says that much of what is now sold as Chian turpentine is a wholly fictitious article, manufactured from black resin, Canada balsam, and the essential oils of fennel and juniper. Perhaps one of the most curious points about the new remedy is that it was mentioned by Paracelsus in his "Chirurgia Magna" as a cure for cancer.—*Therapeutic Gazette.*

Sims' Speculum always at Hand.—The index and middle fingers of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sims' latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible, in the application, for instance, of the tampon in sudden cases of hemorrhage, or in consultations at a distance, when, for reasons not anticipated, it becomes necessary to examine the pelvic organs.—*Ex.*

Lacerated Cervix.—O. E. Herrick suggests a modification of Emmet's operation for lacerated cervix. He freshens the edges of the laceration, but instead of applying sutures as Emmet directs, he encircles the neck with a rubber ring or with several of the little rubber loops that are found at the stationers and are used for holding papers together.

He claims the following advantages from this modification of the operation: 1st, As about all the pain experienced during the operation is from the introduction of the sutures, if these are omitted, an anæsthetic may be dispensed with. 2nd, If the patient is not etherized, it is not absolutely necessary to have professional assistance, and one can operate upon patients that would not listen to such a proposition if strange physicians were to be present. 3rd, The parts are kept in just as close contact, and union takes place just as soon. 4th, There is less danger of inflammation taking place in the parts. 5th, There are no stitches to remove. 6th, In slight cases patients may be operated upon at the office, and even without their knowing that they are undergoing any important operation, as they are not obliged to keep their beds a single day on account of it.—*Med. & Surg. Rep.*

Dressing for Superficial Wounds.—Dr. Geo. Cowan (in *Louisville News*) speaks highly of a dressing which consists in applying a piece of adhesive plaster to each side of the wound, to which plasters have previously been fastened, so as to oppose each other, a row of ordinary hooks, such as ladies use. The hooks should be about a quarter of an inch apart, and set back a little from the edge, so as not to press upon or irritate the skin. By means of a cord passed around these hooks the wound is *laced* together, and pressure can be regulated as desired.

Eczema Intertrigo of Infants.—Dr. H. B. Hodges, in the *British Medical Journal*, recommends the following after twenty-five years' practice:—

℞.—Plumbi Acetatis.....gr. xxx.
Acid Acetic dilut.....℥ij.
Glycerinæ.....℥iss.
Aquæ Rosæ, ad.....℥viij.

He uses no internal medication. M.

An Emetic for Infants.—Dr. S. W. Smith (*British Med. Journal*) writes: I beg leave to record that half a teaspoonful of glycerine acts as a simple and efficient emetic for infants. Perhaps some of your readers can confirm this by future experience.

CANADA

Medical and Surgical Journal.

MONTREAL, JULY, 1880.

THE HEALTH OF MONTREAL.

We have received the Annual Report of Dr. Larocque, the Health Officer of the City of Montreal, for the past year. It is an important document, and contains a number of suggestions which should command the careful consideration of the Board of Health. Several things are pointed out in which the working of the department has not been satisfactory. These might well be remedied, and from our failures other cities might learn something to their own advantage. The Report gives first a short historical sketch of the various changes that have been made in the composition of the Board of Health from the time that two health officers were first appointed in 1870. The writer is of opinion that increasing attention has been given of late years to this important branch of the public service. In proof of this he says: "We observe that whenever serious interest has been taken in the affairs of the Board of Health, economy has invariably followed. In 1876 the expenses of the Board amounted to $25,000; in 1877, to $17,000; in 1878, to $11,000; and in 1879, to only $10,450." We can hardly believe that pure *economy* and extra attention of the members has effected such a large saving. We should rather attribute the greatly diminished expenditure to the sweeping reduction in the appropriations which have been made in all the civic departments.

It is satisfactory to find that vaccination is being fairly well looked after by the district officers acting under the Board, and more than this, that there is every reason to believe that the supply of vaccine is well kept up and of excellent quality. The

natural result of this, of course, is that we hear no more of the ulcerated arms, erysipelas, &c., following vaccination, which gave rise to such an outcry from the anti-vaccinators a few years ago.

"We should have, as in other cities, a collection of the best authors on hygiene, which, together with the reports and other documents that we receive, would form, before long, a small library from which useful information concerning public health could be obtained." This suggestion is an excellent one. The carrying of it out would cost but very little, and we hope the authorities will act upon it without delay.

There is evidently a conflict of authority between the Health Officer and the Sanitary Inspector. It is, indeed, "matter for surprise" that "the duties of the officers and other employees have never been really defined." Unsophisticated people would think that this would be the very first thing to do, and we can only wonder how on earth the wheels of the machine move at all when this first element of order is wanting. In our opinion, far too much is allowed to fall directly under the Sanitary Inspector, and far too little under the Health Officer. The latter, we think, should be the head of his department, responsible in all things to the Board of Health. All general instructions should emanate from him, and all reports should pass through him to head-quarters. It is in this way only that a properly organized system can ever be made to work.

It is matter for congratulation that the death-rate of the city has been lower for 1879 than for many years past, if not than ever before. Still, much—very much—remains to be done in reducing this to the standard of other cities which are sanitarily better cared for. This year the figure has been 28.47 per 1,000 of the population, whilst during the ten preceding years it was not less than 30 per 1000. By a comparison of the mortality in eight of the chief cities of Great Britain it is shown that this is higher than any one, except Manchester, which gives 29.1 per 1,000. With our natural advantages, therefore, it is plain that we should never rest until the mortality here is brought within the limits of the less favored and much more crowded European towns. It can be done, and it should be done.

A number of special topics are also discussed, with remarks upon proposed methods of improving upon the work being done: Isolation of persons suffering from contagious diseases—A better Civic Hospital—The better inspection of milk—Drainage—The reports of contagious diseases from medical men—The preparation of a Sanitary Map, &c. The Report concludes with elaborate and detailed tabulated statements of the deaths and diseases in the various quarters of the city through the year. It should be read by everyone interested in sanitary matters and the well-being of our city.

THE TRIENNIAL MEETING of the College of Physicians and Surgeons of the Province of Quebec, for the election of Governors, was held in this city on the 14th inst. After the annual address of the President, voting began and continued until 5 p.m. The ballots were then counted, and the results, as given below, were announced at 9 p.m. There was a large attendance:—

For the City of Montreal—Drs. Howard, Craik, David, Campbell (F. W.), Robillard, Rodger, Lachapelle, Rottot, Trudel, and Hingston.

For the District of Montreal—Drs. Church, Gibson, Ladouceur, Perrault, Prevost, Lafontaine, Laberge, P. E. Mignault, Lanctot.

For the District of St. Francis—Drs. Austin, Worthington, and Larue.

For the City of Quebec—Drs. Belleau, Marsden, St. George, L. Larue, Parke, Rinfret (sen.), Sewell, and Lemieux.

For the District of Quebec—Drs. Marmette, Gingras, Simard, Michaud, Robitaille, Rousseau, and Bonin.

For the District of Three Rivers—Drs. Ross, Gervais, and Desaulniers.

At a subsequent meeting of the Governors, held on the 15th inst., the election of Officers of the College for the ensuing three years took place as follows:—*President*, Dr. R. P. Howard; *1st Vice-President*, Dr. Lemieux; *2nd Vice-President*, Dr. Trudel; *Registrar*, Dr. Larue; *Treasurer*, Dr. E. P. Lachapelle; *Secretaries—For the District of Montreal*, Dr. F. W. Campbell; *for the District of Quebec*, Dr. Belleau.

THE NEW ONTARIO COUNCIL.—The following are the names of the members of the newly-elected Council of the College of Physicians and Surgeons of Ontario :—*Territorial Representatives*—Dr. J. L. Bray, Western and St. Clair Division ; Dr. E. G. Edwards, Malahide and Tecumseh ; Dr. R. Douglass, Saugeen and Brock ; Dr. J. A. Williams, Gore and Thames ; Dr. W. McCargow, Erie and Niagara ; Dr. J. D. McDonald, Burlington and Home ; Dr. J. H. Burns, Midland and York ; Dr. W. Allison, King's and Queen's ; Dr. H. C. Burritt, Newcastle and Trent ; Dr. C. A. Irwin, Quinte and Cataraqui : Dr. W. Mostyn, Bathurst and Rideau ; Dr. D. Bergin, St. Lawrence and Eastern. *College and University Representatives*—Dr. J. McCammon, Queen's College ; Dr. W. H. Ellis, Toronto University ; Dr. W. B. Geikie, Trinity Medical College ; Dr. D. Phelan, Regiopolis College (Kingston); Dr. E. Spragge, Trinity University ; Hon. Dr. W. H. Brouse, Victoria University ; Dr. J. A. Grant, Ottawa University ; Dr. W. T. Aikins, Toronto School of Medicine ; Dr. M. Lavell, Royal College of Physicians and Surgeons, Kingston. *Homœopathic Representatives*—Dr. C. Logan, Ottawa ; Dr. G. Henderson, Strathroy ; Dr. R. J. P. Mordon, London ; Dr. E. Vernon, Hamilton ; Dr. G. E. Husband, Hamilton.—*Canada Lancet.*

CORONER'S UNCLAIMED BODIES.—We are glad to observe that the Solicitor-General has caused an amendment to be added to the new Coroner's Bill, to the effect that the bodies of paupers unclaimed shall be given over by that officer to the Inspector of Anatomy (where such person exists) for the purpose of dissection. The correction of this omission was urged in the last number of the JOURNAL, and it will doubtless assist in preventing the annually-recurring complaints of body-snatching.

ANOTHER DEATH FROM CHLOROFORM.—A case of death from inhalation of chloroform occurred at the City Hospital, Hamilton, Ont., on the 3rd June last. The unfortunate individual was a woman who had been admitted for the treatment of mammary abscess. The anæsthetic used was a mixture of one part of spirits of turpentine and eight parts of chloroform. The patient

had already, a very short time previously, been anæsthetized for the purpose of incising the breast, and although a similar agent (but containing somewhat more turpentine) was made use of, no bad effects were observed. On this occasion, however, after inhaling for a few minutes only, the quantity first administered, there occurred sudden spasm, pallor, difficulty of breathing, and cessation of pulse. Every effort was instantly made and persisted in by Dr. Kittson, the attending physician, and Dr. Mills, the resident surgeon, to restore animation, but in vain. The *post-mortem* examination failed to reveal any organic lesion, and the following verdict was rendered by the coroner's jury: "That Catharine Donahue came to her death on the 3rd June, 1880, from chloroform administered in the Hamilton City Hospital, and it appears to this jury that the chloroform was administered in a proper manner, and her death could not have been foreseen, and no blame can be attached to any one."

NEW DISPENSARY.—A general dispensary, free to all, has been opened on Wellington street, for the accommodation of the increasing population of Point St. Charles. It has been properly organized, with G. T. Drummond, Esq., as President, and will no doubt command a fair share of public support. The following gentlemen have been nominated as medical officers: *Consulting Physicians*—Drs. Hingston, Craik, and E. H. Trudel. *Attending Staff*—Drs. T. A. Rodger, T. J. Alloway, M. M. Seymour, and J. J. Guerin.

TYPHOID FEVER.—The last number of this *Journal* contained a report of the proceedings of the Medico-Chirurgical Society of Montreal, in which mention is made of a case of Typhoid Fever at the St. Lawrence Hall some months ago. We understand that the above statement is being used to injure the reputation of this Hotel. This is manifestly unfair. The case alluded to occurred in October last The disease was not shown to have communicated itself to others, and, as far as we know, the establishment has since been perfectly free from fever of any kind. As we became the medium of spreading the report, we willingly take the earliest opportunity of making this explanation. We have no hesitation in saying that the sanitary condition and general healthfulness of the St. Lawrence Hall will compare favorably with that of any other hotel in this city.

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11 Rue Neuve Des Capucines,

Paris, February 20th, 1879.

Editors North Carolina Medical Journal.

Gentlemen:—

* * * * * * * * I cannot conclude this letter without saying a word in regard to a medicine which has recently been introduced into France by our enterprising countrymen, Messrs. Wm. R. Warner & Co. of Philadelphia. Among other specimens of their exhibit at the recent Exposition, their agent in Paris very kindly sent me several bottles of **Ingluvin*—prepared from the gizzard of the chicken,—with the request that I would give it a fair trial in the treatment of gastric irregularity and disturbance. I am pleased to be able to chronicle the fact, that, in three cases of pronounced atonic dyspepsia and in one case of chronic indigestion, it has acted like a charm—promptly relieving all disagreeable symptoms and restoring the stomach to its proper functions. My patients, who had previously tried without benefit all ordinary forms of pepsine, bismuth, cerium, nux vomica, &c., &c., are delighted with this new remedy and assure me that they experienced benefit from the first dose. Hereafter I shall prescribe it liberally and with great confidence in its therapeutic value.

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ACID, SALICYLIC, See Salicylic Acid.		
ACONITIA, 1-60 gr.	75	3 50
ALOES, U. S., 4 grs.	50	2 25
ALOES AND ASSAFŒTIDÆ, U. S., 4 grs.	50	2 25
ALOES AND IRON, 3 grs.	50	2 25
{ Pulv. Aloes Soc., 1-2 gr. / Pulv. Zingib. Jam., 1 gr. / Ferri, Sulph., Exsic., 1 gr. / Extract, Conii, 1-2 gr. }		
ALOES AND MASTIC (Dinner, Lady Webster's).	60	2 75
ALOES AND MYRRH, U. S.	60	2 75
ALOES AND NUX VOMICA, 2 grs.	75	3 50
{ Pulv. Aloes Soc., 1 1-2 grs. / Ext. Nucis Vom., 1-2 gr. }		
ALOIN, 1-10 and 1-5 gr.	50	2 25
ALOIS, 1 gr.	1 50	7 25
ALTERATIVE.	75	3 50
{ Pulv. Opii, Pulv. Ipecac., *aa* 1-8 gr. / Pil. Hydrarg., 1 gr. }		
AMMONIUM, MURIATE, 2 grs.	60	2 75
AMMONIUM, MURIATE, COMPOUND.	1 50	7 25
{ Ammonii, Murias, 1 gr. / Pulv. Opii, Acid. Benzoici, *aa* 1-32 gr. / Ext., Glycyrrhizæ, Pulv. Acaciæ, *aa* 1 3-4 grs. / Camphora, 1-50 gr., Ol. Anisi, 1-32 gr. / Antim. et Pot. Tart., 1-60 gr. } This is the Brown Mixture of the U. S. P. with the addition of 1 gr. Ammonium Murias.		
AMMONIUM, VALERIANATE, 1 gr.	1 00	4 75
ANTHELMINTIC, See Santonin and Calomel.	1 25	6 00
ANTI-BILIOUS.	75	3 50
{ Ext. Coloc. Comp., 2 1-2 grs. / Res. Podophylli, 1-4 gr. }		
ANTI-DYSPEPTIC, 4 grs.	1 00	4 75
{ Strychnia, 1-40 gr. / Ext. Belladonnæ, Pulv. Ipecacuanhæ, *aa* 1-10 gr. / Pil. Hydrarg., Ext. Colocy. Co., pulv., *aa* 2 grs. }		
APERIENT.	1 00	4 75
{ Ext. Nucis Vom., 1-2 gr. / Ext. Hyoscyami, 1-2 gr. / Ext. Coloc. Comp., 2 grs. }		
ARSENIOUS ACID, 1-50, 1-10, 1-30 & 1-20 gr.	50	2 25
ASSAFŒTIDA, 2 grs.	50	2 25
{ Assafœtida, 1 1-2 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA, U. S., 4 grs.	50	2 25
{ Assafœtida, 3 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA COMPOUND. 3 grs.	50	2 25
{ Assafœtida, 2 grs. / Ferri Sulph. Exsic., 1 gr. }		
ASSAFŒTIDA AND NUX VOMICA.	75	3 50
{ Assafœtida 3 grs. / Ext. Nucis Vom., 1-4 gr. }		
ATROPIA, 1-60 gr.	1 00	4 75
BELLADONNA EXTRACT, 1-4 and 1-2 gr.	50	2 25
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75
BISMUTH, SUBNITRATE, 5 grs.	1 50	7 25
BLUE PILL, U. S., 1-2, 1 and 3 grs.	50	2 25
BLUE PILL, U. S., 5 grs.	60	2 75
BLUE PILL COMPOUND.	75	3 50
{ Pil. Hydrarg., 1 gr. / Pulv. Opii., 1-2 gr. / Pulv. Ipecac, 1-4 gr. }		
CAFFEIA, CITRATE, 1 gr.	4 00	19 75
CALCIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
CALOMEL, 1-2, 1, 2 and 3 grs.	50	2 25
CALOMEL, 5 grs.	60	2 75
CALOMEL COMPOUND. 2 grs.	60	2 75
{ Antim. Sulph., Hydrarg. Chlor. Mite, *aa* 1-2 gr. / Resina Guaiaci, 1 gr. }		
CALOMEL AND OPIUM, 3 grs.	85	4 00
{ Hydrarg. Chlor. Mite, 3 grs., Opii, pulv., 1 gr. }		

	Bottles 100 pills	Bottles 500 pills
CANNABIS INDICA EXTRACT, 1-2 gr.	1 25	6 00
CANNABIS INDICA EXTRACT, 1 gr.	1 75	8 50
CATHARTIC COMPOUND, U. S.	60	2 75
CATHARTIC IMPROVED.	60	2 75
{ Ext. Colocynth. Comp. pulv., 1 gr. / Jalapæ pulv., Res. Leptand., *aa* 1-2 gr. / Ext. Hyoscyami, Ext. Taraxici, *aa* 1-4 gr. / Res. Podoph., 1-4 gr. Ol. Menthæ Pip. }		
CATHARTIC VEGETABLE, 3 grs.	60	2 75
{ Ext. Col. Comp., pulv., 1 1-2 grs. / Res. Podophylli, 1-8 gr. / Res. Leptandræ, 1-8 gr. / Jalapæ pulv., 1-4 gr. / Aloes, Socotrin pulv., 1-2 gr. / Ext. Hyoscyami, 1-4 gr. / Ol. Menthæ Pip. }		
CERIUM, OXALATE, 1 gr.	1 00	4 75
CERIUM, OXALATE, 2 grs.	1 50	7 25
CHARCOAL, WILLOW, 3 grs.	60	2 75
CHINOIDINE, 1-2 and 1 gr.	60	2 75
CHINOIDINE, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS, See Quinine List.		
CINCHONIDIA (ALKALOID), See Quinine List.		
CINCHONIA, SULPHATE, See Quinine List.		
CINCHONIDIA, SULPHATE, See Quinine List.		
COCA EXTRACT, 1 gr.	65	3 00
CODEIA, 1-16 gr.	1 75	8 50
CODEIA, 1-5 gr.	2 50	12 25
CODEIA, 1-2 gr.	3 50	17 25
COLOCYNTH COMP. EXTRACT, 3 grs.	1 00	4 75
COLOCYNTH, IPECAC AND BLUE.	1 00	4 75
{ Ext. Coloc. Comp., pulv., 2 grs. / Pulv. Ipecacuanhæ, 1-6 gr. / Pil. Hydrarg 2 grs. }		
COOK'S, 3 grs.	60	2 75
{ Pulv. Aloes Soc., 1 gr. / Hydrarg., Chlor., Mite, 3-4 gr. / Pulv. Rhei, 1 gr. / Pulv. Saponis, 1-4 gr. }		
COPAIBA, 3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEB, 3 grs.	75	3 50
{ Pil. Copaibæ, 2 grs. / Oleo-Resin Cubebæ, 1 gr. }		
COPAIBA AND OLEO-RESIN CUBEB, 5 grs.	1 25	6 00
{ Pil. Copaibæ, 3 grs. / Oleo-Resin Cubebæ, 2 grs. } [1-20 gr.	50	2 25
CORROSIVE SUBLIMATE, 1-100, 1-40, 1-30 &		
CROTON OIL, 1-2 gr.	1 00	4 75
DAMIANA EXTRACT, 3 grs.	3 00	14 75
DIGITALIA, PURE, 1-60 gr.	75	3 50
DINNER (CHAPMAN'S), 4 grs.	60	2 75
{ Pulv. Aloes Soc., Pulv. Mastiches, *aa* 1 1-2 grs. / Pulv. Ipecacuanhæ, 1 gr., Ol. Fœniculi. —— }		
DINNER (GALE'S).	60	2 75
{ Pil. Hydrarg., 1 1-5 grs. / Pulv. Aloes Soc. 1 1-5 grs. / Pulv. Jalapæ, 1 1-5 grs. / Ant. et Pot., Tart., 1-50 gr. }		
DINNER (LADY WEBSTER'S), 3 grs.	60	2 75
{ Pulv. Aloes. Soc., 1 4-5 grs. / Pulv. Mastiches, 3-5 gr. / Pulv. Rosæ Gallicæ, 3-5 gr. }		
ELATERIUM (CLUTTERBUCK'S), 1-10 gr.	1 00	4 75
EMMENAGOGUE.	1 40	6 75
{ Ergotin, Extract. Helleb. Niger, *aa* 1 gr. / Ferri Sulph. Exsic., Pulv. Aloes Soc., *aa* 1 gr. / Ol. Sabinæ, 1-4 gr. }		
ERGOTIN (Each pill—30 grs. Ergot), 3 grs.	2 00	9 75
FERRUGINOUS (BLAUD'S), 3 and 5 grs.	1 00	4 75
[Ferri Sulphas, Potassæ Carb., P. Æ.]		
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HEPATIC.	1 00	4 75
{ Pil. Hydrarg., 3 grs. Ext. Bellad., 1-4 gr. } { Ext. Colocynthis Comp., 2 grs. }		
HOOPER'S, 2 1-2 grs.	50	2 25
"HOSPITAL QUININE," see Quinine list.		
HYDRASTIA (WHITE ALKALOID), 1-2 gr.	2 50	12 25
HYDRASTIA (WHITE ALKALOID), 1 gr.	4 00	19 75
HYOSCYAMINE (RESINOID), 1-4 gr.	1 00	4 75
HYPOPHOSPHITES, COMPOUND.	1 50	7 25
{ Calcii Hypophos., 1 gr. Sodii " 3-4 gr. Potassii " 1-2 gr. Ferri " 1-4 gr. }		
IODOFORM, 1 gr.	1 50	7 25
IODOFORM AND IRON, 2 grs.	2 50	12 25
IPECAC AND OPIUM (DOVER, U. S.), 2 1-2 grs.	60	2 75
IPECAC AND OPIUM (DOVER, U. S.) 5 grs.	1 00	4 75
IRON BY HYDROGEN (QUEVENNE'S), 1 gr.	50	2 25
IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs.	75	3 50
IRON, "BLAUD'S," See Ferruginous.		
IRON, BROMIDE, 3 grs.	1 50	7 25
IRON, CITRATE AND CINCHONIDIA, 2 grs.	85	4 00
IRON, CITRATE AND QUININE, } See		
IRON, CITRATE AND QUININE, } Quinine		
IRON, CITRATE AND QUININE, } List.		
IRON, CITRATE & STRYCHNINE.	75	3 50
{ Ferri Citras, 1 gr., Strychnia, 1-30 gr. }		
IRON, DIALYSED (SCALES), 2 grs.	1 50	7 25
IRON, FERROCYANIDE, 3 grs.	60	2 75
IRON, IODIDE OF (Blancard's Form.), 1 gr.	80	3 75
IRON, LACTATE, 1 gr.	60	2 75
IRON, PHOSPHATE AND STRYCHNINE.	1 00	4 75
{ Ferri Phosphas, 2 grs. } { Strychniæ pulv., 1-60 gr. }		
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.	50	2 25
IRON, PROTO-CARB. (VALLET'S MASS), 5 grs.	60	2 75
IRON, VALERIANATE, 1 gr.	1 25	6 00
JABORANDI EXTRACT, 3 grs.	1 50	7 25
LAXATIVE (COLE'S).	60	2 75
{ Res. Podophylli, 1-10 gr. } Hydrarg. Chlor. Mite, 1 gr. { Ext. Col. Comp. Pulv., 2 grs. }		
LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75
LITHIUM BROMIDE, 2 grs.	1 50	7 25
LUPULIN, 3 grs.	50	2 25
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 gr.	50	2 25
MERCURY, CYANIDE, 1-20 gr.	50	2 25
MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25
MORPHINE, ACETATE, 1-8 gr.	75	3 50
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75
MORPHINE, MURIATE, 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6, 1-10 & 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6 gr.	85	4 00
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00
NEURALGIA (BROWN-SEQUARD).	2 00	9 75
{ Ext. Hyoscyami, 2-3 gr. " Conii, 2-3 gr. " Ignatii Amaræ, 1-2 gr. " Opii, 1-2 gr. " Aconiti, 1-3 gr. " Cannab. Indicæ, 1-4 gr. " Stramonii, 1-5 gr. " Belladonnæ, 1-6 gr. }		
NEURALGIA (DR. GROSS); See Quinine list.		
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25
OPIUM, U. S., 1 gr.	75	3 50
OPIUM EXTRACT, 1-4 gr.	75	3 50
OPIUM EXTRACT, 1-2 gr.	1 00	4 75
OPIUM EXTRACT, 1 gr.	1 50	7 25
OPIUM AND ACETATE OF LEAD, No. 1. 2 grs.	80	3 75
{ Opii Pulv., Plumbi Acet., aa 1 gr. }		
OPIUM AND ACETATE OF LEAD, No. 2, 2 grs.	60	2 75
{ Opii Pulv., 1-2 gr. } { Plumbi Acet., 1 1-2 grs. }		
OPIUM AND CAMPHOR. 3 grs.	80	3 75
{ Opium, 1 gr. Camphora, 2 grs. }		
OX GALL, 3 grs.	60	2 75
{ Fel Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. }		
PEPSIN, 5 grs.	1 00	4 75
PEPSIN AND BISMUTH, 5 grs.	1 50	7 25
{ Pepsin, 2 grs., Bismuth Subnit., 3 grs. }		
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50
{ Pepsin, 2 1-2 grs. } Bismuth Subnit., 2 1-2 grs. { Strychnia, 1-60 gr. }		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00
{ Phosphorus, 1-60 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00
{ Phosphorus, 1-100 gr. } Ferri Phosphas, 1-2 gr. { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Aconiti Alc., 1-16 gr. }		
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Cannab. Ind., 1-4 gr. }		

	Bottles 100 pills	Bottles 500 pills
PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS	1 25	6 00
{ Phosphorus, 1-50 gr. } Pulv. Digitalis, 1 gr. { Ext. Hyoscyami, 1-4 gr. }		
PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } Ext. Nucis Vomicæ, 1-4 gr. { Ext. Aloes Soc., 1-2 gr. }		
PHOSPHORUS, EXT. NUX VOM. & CARB. IRON.	1 25	6 00
{ Phosphorus, 1-50 gr. } Ext. Nucis Vomicæ, 1-4 gr. { Ferri Carb., 1 gr. }		
PHOSPHORUS, IRON AND ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } Ferri Sulph. Exsic., 1 1-2 grs. { Ext. Aloes Soc., 1 gr. }		
PHOSPHORUS, MORPHIA AND VAL. ZINC.	1 75	8 50
{ Phosphorus, 1-50 gr. } Morphiæ Sulph., 1-12 gr. { Zinci Valerianas, 1 gr. }		
PHOSPHORUS, NUX VOMICA & CANTHARIDES.	1 25	6 00
{ Phosphorus, 1-50 gr. } Pulv. Nucis Vomicæ, 1 gr. { Tinct. Cantharidis, 1 minim. }		
PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 00
{ Phosphorus, 1-50 gr. } Zinci Sulphas, 1 gr. { Lupulina, 1 gr. }		
PIPERIN COMPOUND.	75	3 50
{ Piperin, 1-4 gr. } { Hydr. Chlor. Mite., 1-4 gr. }		
PLUMMER'S (see Calomel Compound).		
PODOPHYLLIN, 1-8 and 1-4 gr.	50	2 25
PODOPHYLLIN, 1-2 and 1 gr.	60	2 75
PODOPHYLLIN AND BLUE.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Pil. Hydrarg., 2 1-2 grs. }		
PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Leptandrin, 1 gr. }		
PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
{ Podophyllin, 1-4 gr. } Ext. Bellad. Alc., 1-8 gr. { Pulv., Capsici, 1-2 gr. }		
PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
{ Res. Podophylli, 1-4 gr. Ext. Col. Comp. Pulv., 1 gr. Ext. Hyoscyami, 1-4 gr. Hydrarg. Chlor. Mite, 1 gr. }		
PODOPHYLLIN COMPOUND.	1 00	4 75
{ Podophyllin, 1-2 gr. } Ext. Hyoscyami, 1-8 gr. { Ext. Nucis Vomicæ, 1-16 gr. }		
PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
{ Podophyllin, 1-2 gr. } Ext. Coloc. Comp., 2 grs. { Ext. Bellad., 1-4 gr. }		
POKE ROOT COMPOUND.	1 00	4 75
{ Ext. Phytolaccæ, Alc., 2 grs. } Ext. Stillingiæ, " 1 gr. { Ext. Stramonii, " 1-8 gr. }		
POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
QUINIDIA SULPHATE, See Quinine List.		
QUININE, BI-SULPHATE, SULPHATE AND COMPOUNDS OF QUININE, see Quinine list.		
QUININE, CARBOLATE, 1 gr.	3 00	14 25
QUININE, SALICYLATE, 1 gr.	3 00	14 25
QUININE, SULPHO-CARBOLATE, } See		
QUININE, SULPHO-CARBOLATE, } Quinine		
QUININE, SULPHO-CARBOLATE, } List.		
QUININE, SULPHO-CARBOLATE,		
QUININE, VALERIANATE, 1-2 gr.	1 25	6 00
RHEUMATIC.	1 25	6 00
{ Ext. Coloc. Comp., 1 1-2 grs. Ext. Colch. Acet., 1 gr. Ext. Hyoscyami, 1-3 gr. Hydr. Chlor. Mite, 1-3 gr. }		
RHUBARB, U. S.	75	3 50
RHUBARB COMPOUND, U. S.	75	3 50
RHUBARB COMPOUND AND CALOMEL.	75	3 50
{ Pil. Rhei. Comp., 1 1-2 grs. } { Hydrarg. Chlor. Mite, 1 gr. }		
SALICIN, 2 1-2 grs.	1 25	6 00
SALICIN, 5 grs.	2 00	9 75
SALICYLIC ACID, 2 1-2 grs.	75	3 50
SALICYLIC ACID, 5 grs.	1 00	4 75
SALICYLIC ACID WITH MORPHINE.	1 25	6 00
{ Acid. Salicylicum, 2 1-2 grs. } { Morphiæ Sul., aa. 1-12 gr. }		
SALICYLIC ACID WITH MORPHINE.	2 00	9 75
{ Acid. Salicylicum, 5 grs. } { Morphiæ Sulphas, 1-8 gr. }		
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75
SANDAL WOOD EXTRACT " 2 grs.	3 00	14 25
SANTONIN, 1 gr.	1 00	4 75
SANTONIN AND CALOMEL.	1 00	4 75
{ Santonin, Hydrarg. Chlor. Mite, aa 1 gr. Theobromæ Cacao. }		
SQUILL COMPOUND, U. S.	50	2 25
STRYCHNINE, 1-60, 1-40 and 1-30 gr.	50	2 25
STRYCHNINE COMPOUND.	1 00	4 75
{ Strychnia, 1-100 gr. Phosphorus, 1-100 gr. Ext. Cannab. Indic., 1-16 gr. Ginseng, 1 gr. Ferri Carb., 1 gr. }		
SULPHUR IODIDE, 1-25 and 1-10 gr.	60	2 75
SUMBUL EXTRACT, 1 gr.	1 00	4 75
SYPHILITIC (HUBERT'S MORPHIA).	1 50	7 25
{ Hydr. Prot. Iodidi, 1-8 gr. Cinchonam. }		

	Bottles 100 Pills	Bottles 500 Pills
Aloes, 2 grs. / Hydrarg., 1 gr. / Podophyllin, 1-4 gr.	1 00	4 75
(Dr. FRANCIS). Aloes Soc. Pil. Hydrarg. / Scammonii. Ol. Tiglii. / Myrrhæ. Ol. Carui.	1 00	4 75
EXTRACT, 3 grs.	60	2 75
IDE, 1-2 gr.	80	3 75
OSPHIDE, 1-6 and 1-4 gr.	1 00	4 75
OSPHIDE, 1-2 gr.	1 00	4 75
OSPHIDE & EXT. NUX VOMICA. Phosphidum, 1-10 gr. / Nucis Vomicæ, 1-4 gr.		
ERIANATE, 1 gr.	1 00	4 75

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.

	Bottles 100 Pills	Bottles 500 Pills
APHRODISIAC, (Turnera Aphrodisiaca, 2 grs. / Phosphorus, 1-100 gr. / Ext. Nucis Vomicæ, 1-8 gr.)	1 85	9 00
BELLADONNA EXTRACT, 1-8 gr.	50	2 25
DANDELION EXTRACT, 3 grs.	55	2 50
HYDRASTIN and PODOPHYLLIN. (Hydrastin Phosphas., 1-4 gr. / Podophyllin, 1-20 gr.)	1 00	4 75
HYOSCYAMIA (ALKALOID), 1-50 gr.	3 00	24 75
PODOPHYLLIN COMPOUND (ECLECTIC), (Podophyllin, 1-8 gr. / Leptandrin, Juglandin, aa, 2 grs. / Macrotin, 1-32 gr., Ol. Capsici.)	1 00	4 75

lls are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of list ever it is impossible to obtain McKesson & Robbins' at your Druggists'.
formulas of 3,000, or over, made and coated to order.

McKesson & Robbins' Gelatine-Coated Pills;

INE AND OTHER CINCHONA ALKALOIDS.

owing to the frequent market fluctuations of Sulphate of Quinine and the consequent ary changes in the prices of pills containing it, we have placed them by themselves, for nience of reference; our discount remaining the same for both lists.

	Bottles 100 pills	Bottles 500 pills
BARK ALKALOIDS.	1 90	9 25
ine Sulph., 1-2 gr. / idine Sulph., 1-2 gr. / onine Sulph., 1-2 gr. / onidine Sulph., 1-2 gr.		
A, SULPHATE, 3 grs.	95	4 50
A, SULPHATE, 5 grs.	1 40	6 75
NA (ALKALOID), 1 gr.	95	4 50
NA (ALKALOID), 2 grs.	1 85	7 50
NA (ALKALOID), 3 grs.	2 05	10 00
NA, SULPHATE, 1 gr.	80	3 75
NA, SULPHATE, 2 grs.	1 40	6 75
NA, SULPHATE, 3 grs.	2 00	9 75
NA, SULPHATE, 4 grs.	2 50	12 25
NA, SULPHATE, 5 grs.	3 00	14 75
AL QUININE," 1-4 gr.	65	3 00
AL QUININE," 1-2 gr.	80	3 75
AL QUININE," 1 gr.	1 25	6 00
AL QUININE," 1 1-2 grs.	1 95	9 50
AL QUININE," 2 grs.	2 50	12 25
AL QUININE," 3 grs.	3 75	15 50
AL QUININE," 4 grs.	5 00	24 75
AL QUININE," 5 grs.	6 25	31 00
bleached, crystallized, combined alkaloids na bark, (Cinchonia alone separated) con- ty per cent. pure Quinia Sulph.		
NCHONIDIA, CITRATE, 2 grs.	75	3 50
NCHONIDIA, CITRATE, 3 grs.	1 10	5 25
ININE, CITRATE, 1 gr.	95	4 50
ININE, CITRATE, 2 grs.	1 40	6 75
ININE, CITRATE, 3 grs.	1 90	9 25
NINE AND STRYCHNINE.	1 90	9 25
m Redactum, 1 gr. / ae Sulphas, 1 gr. / hnia, 1-60 gr.		
A, (DR. GROSS').	3 75	18 50
ae Sulphas, 2 grs. / hiæ Sulphas, 1-20 gr. / hnia, 1-30 gr. / Arseniosum, 1-20 gr. / Aconiti, 1-2 gr.		
A (GROSS), as above, without Morphine	3 50	17 25
ES IRON, QUININE & STRYCHNINE.	1 90	9 25
Phosphas, 2 grs. / ae Phosphas, 1 gr. / hniæ Phosphas, 1-60 gr.		
US AND QUININE.	2 25	11 00
horus, 1-50 gr. / ae Sulph., 1 gr.		
US, IRON AND QUININE.	2 50	12 25
horus, 1-100 gr. / Carb. (Vallet's), 1 gr. / ae Sulph., 1 gr.		
US, IRON, QUININE & NUX VOM.	2 50	12 25
horus, 1-100 gr. / Carb. (Vallet's), 1 gr. / ae Sulph., 1 gr. / Nucis Vomicæ, 1-2 gr.		
US, QUINIA, IRON AND STRYCHNIA.	2 50	12 25
horus, 1-100 gr. Ferri Redact., 1 gr. / ae Sulph., 1 gr. Strychnia, 1-60 gr.		
SULPHATE, 1 gr.	1 00	4 75
SULPHATE, 2 grs.	1 90	9 25
SULPHATE, 3 grs.	2 50	12 25
BI-SULPHATE, same sizes and prices shade, see below.		
ROMIDE, 1 gr.	3 15	15 50
ROMIDE, 2 grs.	4 50	22 25
ROMIDE, 3 grs.	6 25	31 00
CARBOLATE, 1 gr.	3 15	15 50
SALICYLATE, 1 gr.	3 15	15 50
SULPHATE, 1-4 gr.	90	4 25
SULPHATE, 1-2 gr.	1 05	5 00

	Bottles 100 pills	Bottles 500 pills
QUININE, SULPHATE, 1 gr.	1 60	8 75
QUININE, SULPHATE, 1 1-2 grs.	2 85	13 75
QUININE, SULPHATE, 2 grs.	3 50	17 25
QUININE, SULPHATE, 3 grs.	5 10	25 25
QUININE, SULPHATE, 4 grs.	6 90	34 25
QUININE, SULPHATE, 5 grs.	8 50	42 25
QUININE, SULPHO-CARBOLATE, 1 gr.	3 15	15 50
QUININE, SULPHO-CARBOLATE, 2 grs.	4 50	22 25
QUININE, SULPHO-CARBOLATE, 3 grs.	6 80	32 25
QUININE, SULPHO-CARBOLATE, 5 grs.	10 25	51 00
QUININE, VALERIANATE. 1-2 gr.	1 90	9 25
QUININE AND ALOES. 1 gr. (Quiniæ Sulphas, 3-4 gr. / Pulv. Aloes Soc., 1-4 gr.)	1 65	8 00
QUININE AND ARSENIC, (Quiniæ Sulphas, 1 gr. / Acid. Arseniosum, 1-30 gr.)	1 90	9 25
QUININE AND CAPSICUM. (Quiniæ Sulph., 1 gr. / Pulv. Capsici., 1-4 gr.)	1 90	9 25
QUININE AND IRON BY HYDROGEN. (Quiniæ Sulphas, 1 gr. / Ferrum Redactum, 1 gr.)	1 90	9 25
QUININE AND IRON, CARBONATE. (Quiniæ Sulphas, 1 gr. Ferri Subcarb., 2 grs.)	1 90	9 25
QUININE AND IRON, IODIDE. (Quiniæ Sulph., 1-2 gr. / Ferri Iodidum, 1 gr.)	1 40	6 75
QUININE AND STRYCHNINE. (Quiniæ Sulphas., 1 gr. / Strychnia, 1-60 gr.)	1 90	9 25
QUININE, ARSENIC AND NUX VOMICA. (Quiniæ Sulphas., 1 gr. / Acid. Arseniosum, 1-60 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE COMPOUND. (Quiniæ Sulphas., 1 gr. / Ferrum Redact., 1 gr. / Acid. Arseniosum, 1-32 gr.)	1 90	9 25
QUININE COMPOUND AND EXT. DANDELION. (Quiniæ Bi Sulph., 1 1-4 grs. / Ferri Sulph., Exsic., 2 grs. / Acid. Arseniosum, 1-24 gr. / Extract Taraxici, 1 1-4 grs.)	2 25	11 00
QUININE COMPOUND AND STRYCHNINE. (Quiniæ Sulphas, 1 gr. / Ferrum Redactum, 1 gr. / Strychnia, 1-20 gr. / Acid. Arseniosum, 1-20 gr.)	1 90	9 25
QUININE, IRON AND NUX VOMICA. (Quiniæ Sulph., 1 gr. / Ferri Carb. (Vallet's), 2 grs. / Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE, PHOSPHORUS AND IRON. See Phosphorus, Iron, &c., above.		
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas., 1 gr. / Phosphorus, 1-60 gr. / Ext. Nucis Vomicæ, 1-40 gr.)	2 50	12 25
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. / Phosphorus, 1-60 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	2 50	12 25
QUININE, QUASSIA AND NUX VOMICA. (Quiniæ Sulph., 1 gr. / Ext. Quassiæ, 1 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	2 25	11 00
SONIC (DR. AIKEN'S). (Quiniæ Sulph., 1 gr. / Acid. Arsenosum, 1-50 gr. / Ferrum Redactum, 2-3 gr. / Strychnia, 1-50 gr.)	1 90	9 25

A FULL LINE KEPT IN STOCK BY Kenneth Campbell & Co., MONTREAL.

A FULL LINE KEPT IN STOCK BY **Kenneth Campbell & Co.**, MONTREAL.

McKESSON & ROBBIN

Manufacturing Chemists,

91 FULTON STREET, NEW YORK

GELATINE COATED

PILLS AND GRANULES

OVAL IN FORM — PERFECT IN COATI

Powdered Purified Chinoidine.

Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market *at high prices* under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatine-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid: and the furthur fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

McKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills,** and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with *much* favor both on account of their easy *administration* and certainty of effect.

We have over *thirty* varieties of Cathar-

Solubility of Quinine Salt

Quinine, Sulph. dissolves in 700 pts. v

QUININE BI-SULPH.,	"	**10** "
Quinine, Muriate.	"	24 "
Quinine, Bromide,	"	50 "
Quinine, Hypophos.,	"	60 "
Quinine, Valerianate,	"	110 "
Quinine, Tannate,	"	500 "

The above table demonstrates the gr solubility of the Bi-Sulphate; a very portant point, especially when admin ed in the form of pills or powders; and, when solutions are prescribed, the the definite salt is believed to be than the addition of Acid to the Sulp as the Bi-Sulphate dissolves at once i ter.

We have Gelatine-Coated Pills o Bi-Sulphate, Sulphate, Bromide, M and Valerianate of Quinine.

Preparations of Ergot.

A great demand exists for a reliable of this invaluable medicine, and, a have devoted much time and study t subject, we are able to offer our Gel Coated Ergotin Pills, with confidenc the profession. We will be glad to fu a sample of these pills to any physicia desires to test them in his practice an feel sure that he will find them one o most reliable forms of this very chang drug. Our pills contain 3 grains of fied Ergotin. We also prepare Hypod Ergotin of the finest quality.

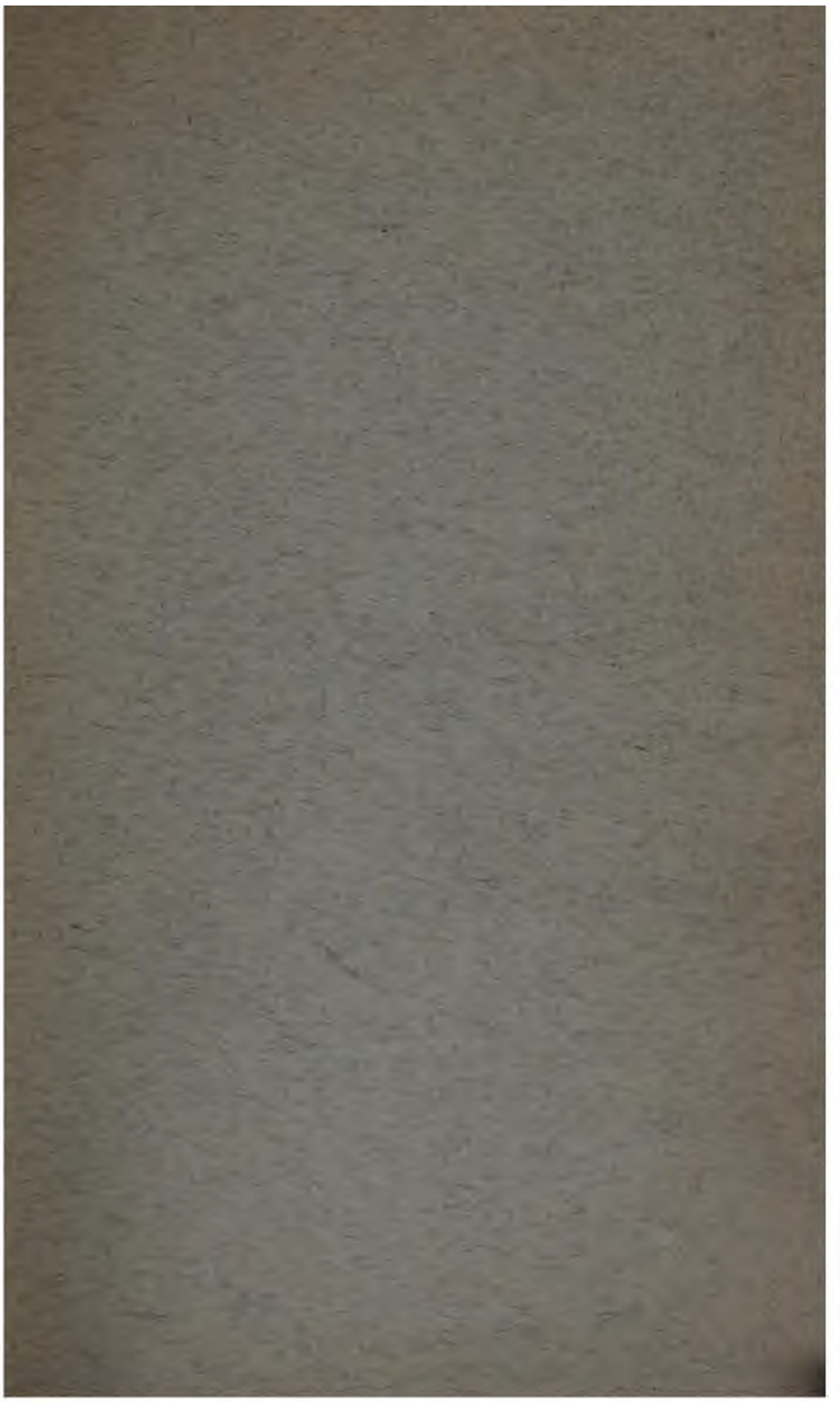
Sulphide of Calcium Pills

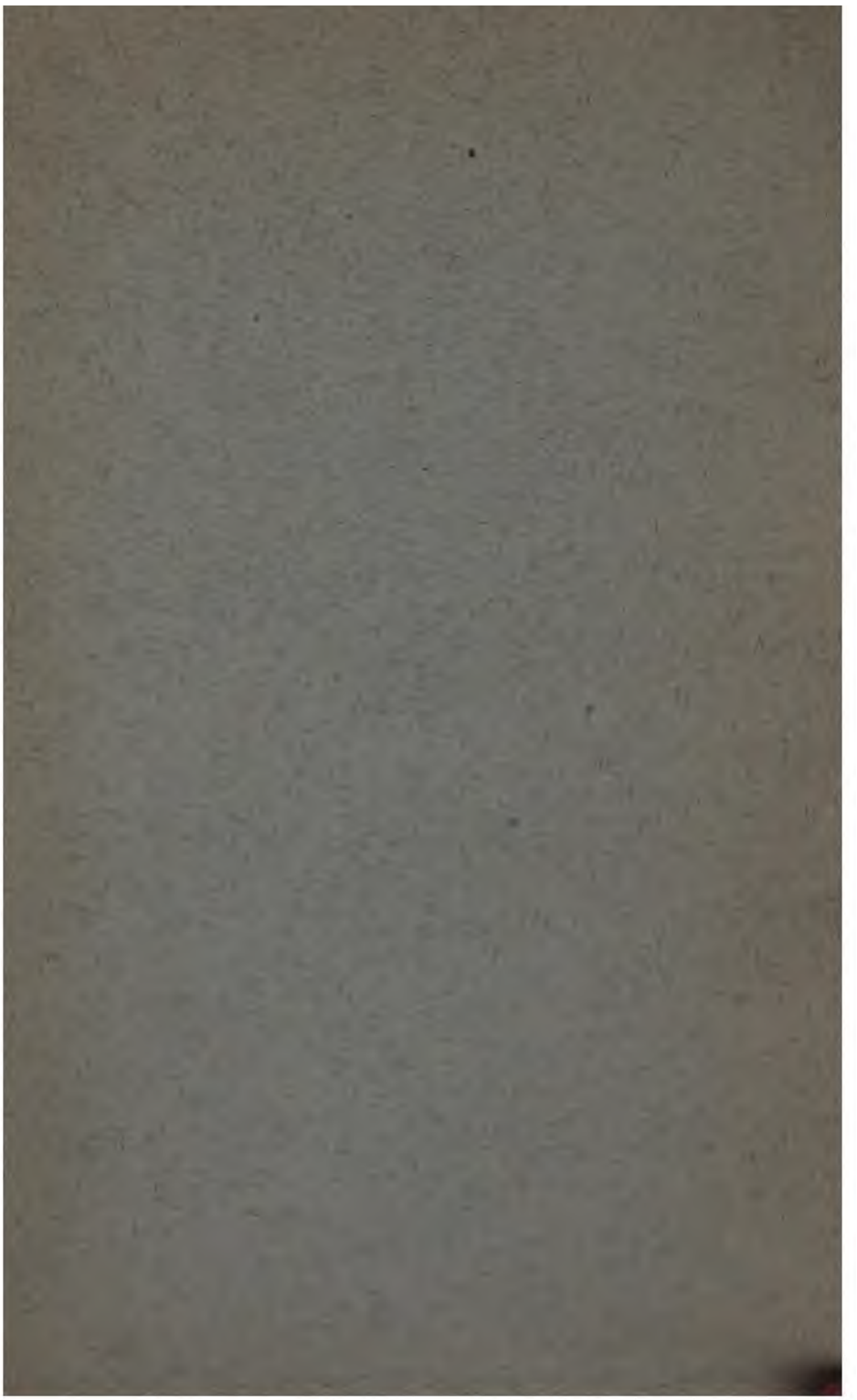
1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two ago, since which time they have com extensive use.

An eminent physician has prese 1-10 grain every hour, with great su in cases of scrofula, glandular enl ments, &c.

We will be glad to furnish sampl these pills to any physician.





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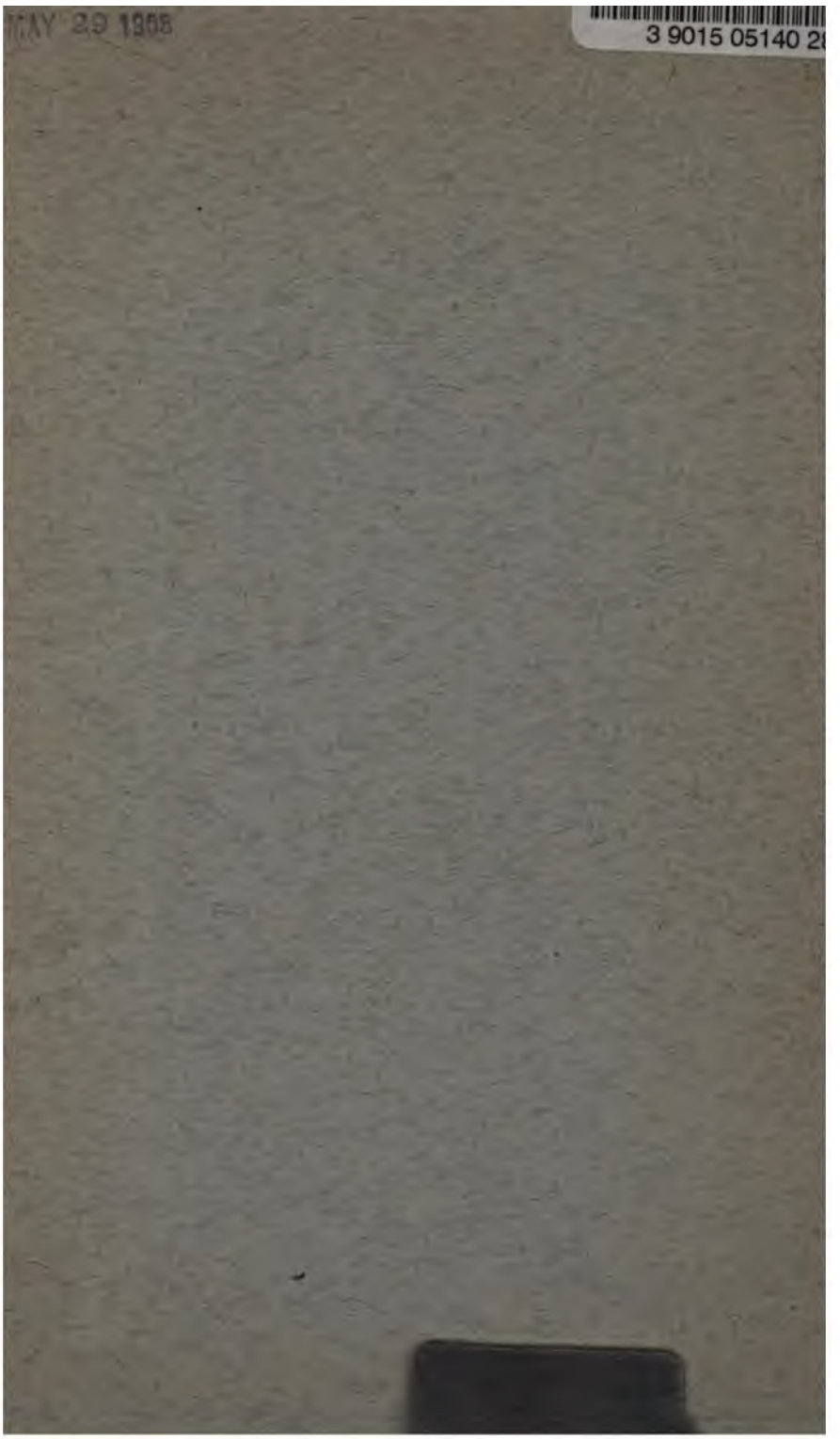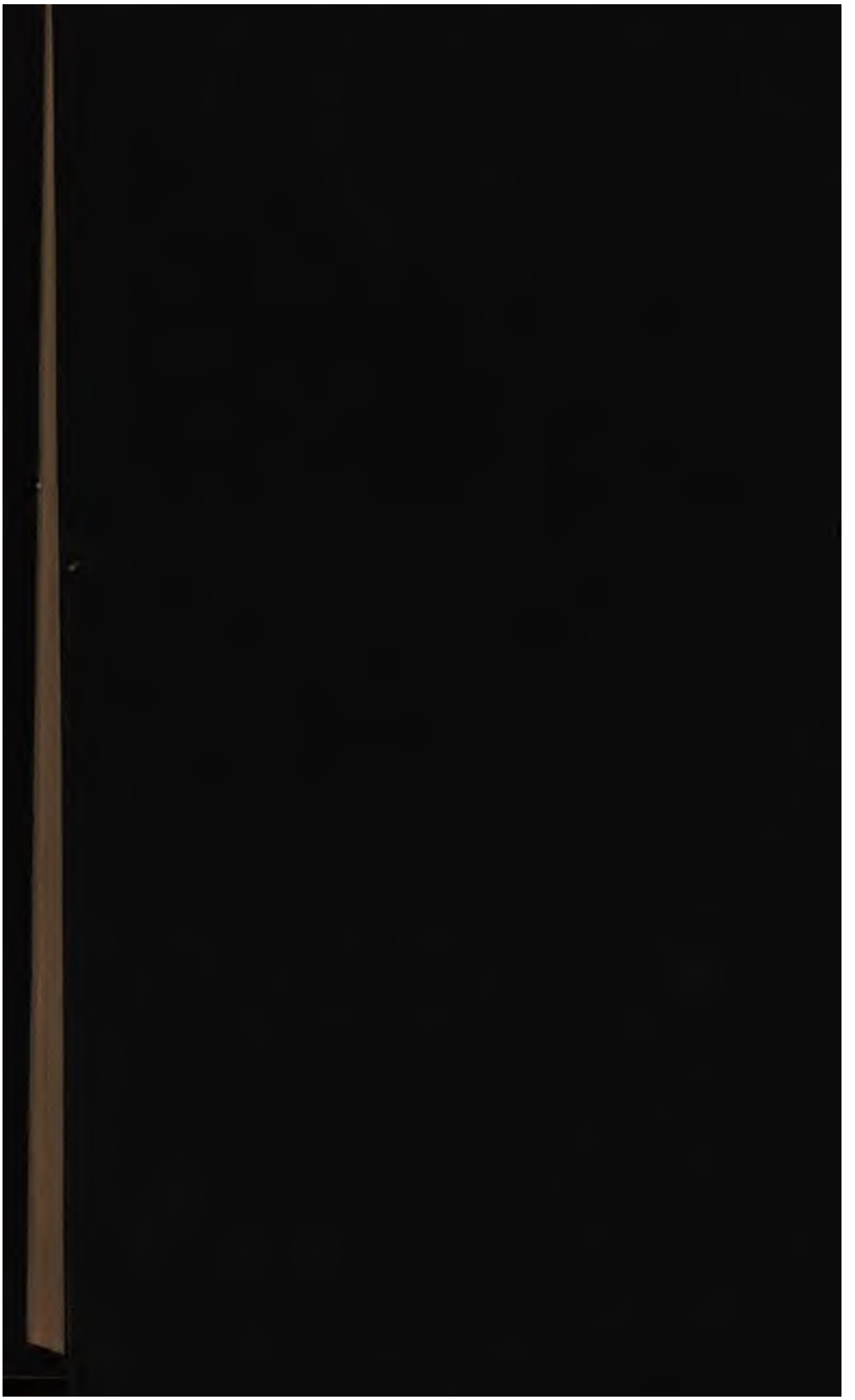
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